

FINANCIAL PLANNING WORKSHEET

READ PRIVACY ACT STATEMENT BELOW BEFORE COMPLETING FORM.			DATE:
<p>AUTHORITY: Title 10, U.S.C., Section 3014. PRINCIPAL PURPOSE(S): To provide financial assistance by identifying assets and liabilities of authorized individuals and determining appropriate financial assistance necessary. ROUTINE USE(S): SSN is used for ID purposes when verifying data with other government agencies and creditors. Data is used for statistical reporting only and to assist AER Section, DCA, in determining need for financial aid and ability to repay DISCLOSURE: Disclosure is voluntary; however, failure to provide information may preclude or delay appropriate assistance.</p>			
NAME (First, MI, Last)	AGE	PAY GRADE	
UNIT	ETS DATE	YEARS IN SERVICE	
SPOUSE'S NAME (First, MI, Last)	AGE	NUMBER OF CHILDREN	
SPOUSE'S PLACE OF EMPLOYMENT		OTHER DEPENDENTS	
HOME ADDRESS			
HOME TELEPHONE NUMBER	DUTY TELEPHONE NUMBER	REFERRED BY	
MILITARY STATUS <input type="checkbox"/> PERMANENT PARTY <input type="checkbox"/> STUDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> OTHER: _____	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	SOLDIER DOMICILE <input type="checkbox"/> WITH FAMILY IN FAMILY HOUSING <input type="checkbox"/> WITH FAMILY OFF POST <input type="checkbox"/> IN BARRACKS <input type="checkbox"/> OFF POST WITHOUT FAMILY	FAMILY DOMICILE <input type="checkbox"/> WITH SOLDIER IN FAMILY HOUSING <input type="checkbox"/> WITH SOLDIER OFF POST <input type="checkbox"/> SEPARATE FROM SOLDIER LOCALLY <input type="checkbox"/> SEPARATE FROM SOLDIER ELSEWHERE
DO YOU (OR YOUR SPOUSE) OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MAKE	MODEL	YEAR	COLOR/OTHER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
REMARKS:			