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OMB Approved No. 2900-0165
Respondent Burden: 1 hour

Department of Veterans Affairs

FINANCIAL STATUS REPORT

1. SOCIAL SECURITY NO.	2. FILE NO.	3. SPECIFY WHY YOU ARE COMPLETING THIS FORM *(Waiver, Compromise, Payment Plan or Other)*
(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)		

PRIVACY ACT INFORMATION: The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.

SECTION I - PERSONAL DATA

4. FIRST-MIDDLE-LAST NAME OF PERSON		5. ADDRESS *(Number and street or rural route, City or P.O. Box, State, and ZIP Code)*
6. TELEPHONE NO. *(Include Area Code)*	7. DATE OF BIRTH (MM-DD-YYYY)	8. MARITAL STATUS ☐ MARRIED ☐ NOT MARRIED
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS

COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

KIND OF JOB	DATES *(MM-YYYY)* FROM	TO	NAME AND ADDRESS OF EMPLOYER
11. YOUR EMPLOYMENT EXPERIENCE			
		PRESENT TIME	
12. YOUR SPOUSE'S EMPLOYMENT			
		PRESENT TIME	

SECTION II - INCOME

AVERAGE MONTHLY INCOME	SELF	SPOUSE
13. MONTHLY GROSS SALARY *(Before payroll deductions)*	$	$
14. PAYROLL DEDUCTIONS		
A. FEDERAL, STATE AND LOCAL INCOME TAXES		
B. RETIREMENT		
C. SOCIAL SECURITY		
D. OTHER *(Specify)*		
E. TOTAL DEDUCTIONS *(Items 14A through 14D)*		
15. NET TAKE HOME PAY *(Subtract Item 14E from Item 13)*		
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME *(Specify source)*		
17. TOTAL MONTHLY NET INCOME *(Item 15 plus Item 16)*	$	$

SECTION III - EXPENSES

AVERAGE MONTHLY EXPENSES	AMOUNT
18. RENT OR MORTGAGE PAYMENT	$
19. FOOD	
20. UTILITIES AND HEAT	
21. OTHER LIVING EXPENSES	
22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS *(Include amount from Section VI, Line 34I - Column E.)*	
23. TOTAL MONTHLY EXPENSES	$

SECTION IV - DISCRETIONARY INCOME

24A. NET MONTHLY INCOME LESS EXPENSES *(Item 17 less Item 23)*	**24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT**
$	$

SECTION V - ASSETS

25. CASH IN BANK *(Checking and savings accounts, building and loan accounts, etc.)*	$	29. U.S. SAVINGS BONDS *(Current Value)*	$
26. CASH ON HAND		30. STOCKS AND OTHER BONDS *(Current Value)*	
27. AUTOMOBILES *(Resale value)*		31. REAL ESTATE OWNED *(Resale value)*	
MAKE / YEAR / MODEL		32. OTHER ASSETS *(Specify below)*	
28. TRAILERS, BOATS, CAMPERS *(Resale value)*	$	33. TOTAL ASSETS ▶	$

SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

	NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE *(If any)* (F)
34A.			$	$	$	$
34B.						
34C.						
34D.						
34E.						
34F.						
34G.						
34H.						
	34I. TOTAL ▶		$	$	$	$

NOTE: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

SECTION VII - ADDITIONAL DATA

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION

☐ YES ☐ NO *(If "Yes," complete Items 35B through 35D)*

35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)	35C. LOCATION OF COURT	35D. DOCKET NO. *(If known)*

36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY

SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED

37A. YOUR SIGNATURE *(Required)*	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE *(Required)*	38B. DATE SIGNED

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.