

OFFICER FINANCIAL WORKSHEET

| | | | |
|---|--------------------|----------------------|--------------------------------|
| 1. Applicant (Law, First, MI) | 2. # of Dependents | 3. Age of Dependents | 4. Date |
| 5. Current Employment | | | 6. Net Monthly Income |
| 7. Spouse's Current Employment (Brief Description) | | | 8. Spouse's Net Monthly Income |
| 9. Spouse's Employment Plans After Applicant Completes Training | | | |

| | | | | | | |
|---|-------------|--------------|------------------------|----------------------|--------------------------|--------------|
| 10. Current Housing Monthly Payment (Check one) | 10a. Buying | 10b. Renting | 10c. Live with Parents | 10d. Other (Specify) | 11. Bank Account Balance | |
| | | | | | 11a. Checking | 11b. Savings |

| OUTSTANDING DEBTS | | | | | TOTAL INDEBTEDNESS | | |
|---------------------|---------|-----------------|---------------------|---------|--------------------|------------------------|----------------------------|
| | Balance | Monthly Payment | | Balance | Monthly Payment | 20. Total Indebtedness | |
| 12. Home Mortgage | | | 13. Medical Bills | | | 20a. Balance Total | 20b. Monthly Payment Total |
| 14. Student Loans | | | 15. Auto Loans | | | | |
| 16. Credit Cards | | | 17. Credit Cards | | | | |
| 18. Other (Specify) | | | 19. Other (Specify) | | | | |
| A. Total | | | B. Total | | | | |

| INCOME/EXPENDITURE COMPARISON | | | | | | |
|-------------------------------|-----|-----|---------------------------|----------------------------------|----------------|--|
| 21. Monthly Military Income | | | | 22. Present Monthly Expenditures | | |
| | E-5 | O-1 | | Current | After Training | |
| a. Base Pay | | | a. Total Monthly Payments | | | |
| b. Less Deductions (20%) | | | b. Housing | | | |
| c. Net Pay (a-b) | | | c. Food | | | |
| d. Housing Allowance | | | d. Utilities | | | |
| e. Net Monthly Income (c+d) | | | e. Medical | | | |
| f. Total Income | | | f. Auto Insurance | | | |
| | | | g. Transportation Cost | | | |
| | | | h. Child Support/Alimony | | | |
| | | | i. Other | | | |
| | | | j. Total Expenditures | | | |

23. Remarks (How your spouse will pay bills while you are in Officer Candidate's School)

24. I hereby certify that the above is a true account of my financial obligations to the best of my knowledge

| | | |
|------|---------------------------|------------------------|
| Date | Printed Name of Applicant | Signature of Applicant |
| Date | Printed Name of Spouse | Signature of Spouse |

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|------------------------------------|----------------|
| 25. Witnessing Officer Rank & Name | 25a. Signature |
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