

COMMANDING OFFICER'S FINANCIAL WORKSHEET

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074f; 32 CFR 64.4; DoDD 1215.13; DoDI 3001.02; CJCSM 3150.13B; DoDI 6490.03; MCMEDS; SECNAVINST 1770.3D; MCO 7220.50; E.O. 9397 (SSN); and SORN M01040-3.

Purpose: To interview and screen potential candidates for assignment to duties. In addition, information may be used to provide simulation, analysis and forecasting tools to capture and process manpower information, making data visible to the appropriate Marine Corps decision makers, as well as providing statutory and regulatory management reports to higher headquarters.

Routine Uses: Information will be accessed by personnel assigned to MMEA for screening and assignment purposes. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORNArticle-View/Article/570625/m01040-3/>.

Disclosure: Voluntary. However, failure to provide the requested information may result in adverse administrative and/or punitive action.

A. PERSONAL INFORMATION

Rank:	Last Name:	First Name:	M.I.:	MOS:	EDIPI (Last 5):

B. MONTHLY INCOME

Note: Do NOT include BAH. BAH payments are considered to adequately cover housing expenses for geographical location.

Income Type	Initial Screening	Re-Certification
1. Basic Pay		
2. BAS (Monthly) COMRATS		
3. Basic SDA Pay (Refer to reference (c) for current amounts)		
4. Other Income (Type of income: _____)		
5. TOTAL Income		

C. MONTHLY MANDATORY DEDUCTIONS (Taken from the most current Leave and Earnings Statement)

Income Type	Initial Screening	Re-Certification
1. Federal Income Tax (FITW)		
2. Social Security		
3. Medicare		
4. State Income Tax (SITW)		
5. Service Members Group Life Insurance (SGLI)		
6. Spouse SGLI		
7. TSGLI		
8. Dental Family		
9. Charitable Donation(s) (sum o all if more than one)		
10. Allotment(s) (sum of all if more than one)		
11. Advance Pay (Enter balance here: _____)		

Rank:	Last Name:	First Name:	M.I.:	MOS:	EDIPI (Last 5):
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Income Type	Initial Screening	Re-Certification
12. Child Support and/or Alimony (If Applicable)		
13. BAS deduction (if applicable)		
14. Total Mandatory Monthly Deductions		

D. MONTHLY RECURRING BILLS AND OBLIGATED BEBTS

Note: Do NOT include creditors already listed in mandatory deductions/mortgage/utilities.

Name of Creditor	Initial Screening		Re-Certification	
	Monthly Payment / Balance Due		Monthly Payment / Balance Due	
1. Car Number 1		/		/
2. Car Number 2		/		/
3. Personal Life Insurance		/		/
4. Credit Card 1		/		/
5. Credit Card 2		/		/
6. Credit Card 3		/		/
7. Credit Card 4		/		/
8. Loan 1		/		/
9. Loan 2		/		/
10. Loan 3		/		/
11. Other (Explain:)		/		/
12. Total Monthly Recurring Bills and Obligated Debts		/		/

E. NET AVAILABLE FUNDS

Information	Initial Screening	Re-Certification
1. Total Monthly Income (Block B.5)		
2. Total Mandatory Deductions (Block C.14)		
3. Total Monthly Credit Payments (Block D.14)		
4. NET AVAILABLE FUNDS		

F. ADDITIONAL INFORMATION (The items listed are intended to provide amplification of your financial status)

	Initial Screening	Re-Certification
1. Savings Account(s) (Current Balance)		
2. Checking Account(s) (Current Balance)		

Rank:	Last Name:	First Name:	M.I.:	MOS:	EDIPI (Last 5):
		Initial Screening		Re-Certification	
3. Investment(s) (Current Balance)					
4. TOTAL CURRENTLY AVAILABLE					
5. Spouses Monthly Income					
6. Spouses Occupation					
7. Do you own a house?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
- If yes, provide the purchase date					
- If yes, provide the monthly payment					
- If yes, provide the mortgage balance					

G. QUESTIONNAIRE

Read and answer the questions below	Initial Screening	Re-Certification
1. Have you ever filed, or are you in the process of going through any type of bankruptcy proceedings (Chapter 7, 11, 13) and/or debt consolidation and/or financial liquidation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been denied credit for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been denied housing as a result of a poor credit rating?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever had anything repossessed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are there any other financial issues that are not covered in this worksheet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Provide amplifying comments for all "Yes" responses:

H. MARINE INITIAL SCREENING (I certify that the financial information provided is true to the best of my knowledge)

Marine's Name and Rank	Marine's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**I. MARINE RE-CERTIFICATION (60 days preceding the report date)
(I certify that the financial information provided is true to the best of my knowledge)**

Marine's Name and Rank	Marine's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>