

Department of Homeland Security
 U. S. Coast Guard
 CG -5489B (Rev. 1/06)

FINANCIAL STATEMENT

Privacy Act Statement: This information is collected under 10 USC 2774, 14 USC 461, and EO 9397 and is used when considering remission of indebtedness. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.

Part I: INFORMATION COMPLETED BY MEMBER

Name (Last, First, M. I.)	Rank/Rate	EMPLID
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DEPENDENTS

NAME AND ADDRESS	AGE	RELATIONSHIP	% OF SUPPORT

APPLICANT'S MONTHLY INCOME AND EXPENSES

MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Basic Pay	\$	FITW	\$
Basic Allowance for Housing		SITW	
Basic Allowance for Subsistence		FICA Tax	
Aviation Career Incentive Pay		Rent/House Payment	
Career Sea Pay		Utilities	
Clothing Maintenance Allowance		Telephone	
Other (Specify)		Food	
		Clothing	
		Insurance	
		Car Expenses (Operating)	
Total	\$	School	
MONTHLY INSTALLMENT PAYMENT		Medical/Dental	
Item	Expires	Amount	
Car			
Furniture			
Other (Specify)			
Total	\$	Total	\$

RECAP OF TOTAL MONTHLY INCOME

Total Pay and Allowances		\$
Total monthly installment payments	\$	
Total monthly expenses	\$	
Total monthly obligations (Installment payments and expenses)		\$
Net income (Total income less total monthly obligations)		\$

Spouse's net income	\$	OTHER ASSESTS	
Other net income	\$	Approximate value of any real estate owned other than home	\$
Applicant's net income (from page 1)	\$	Average balance of your bank account	\$
		Approximate value of stocks, bonds and other securities	\$
Total family net monthly income	\$	TOTAL	\$
I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement. 18 USC 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.			
SIGNATURE OF APPLICANT		DATE	Date application received by Member's Commanding Officer
Part II: INFORMATION COMPLETED BY COMMANDING OFFICER			
Does the member provide reasonable amounts for your locale? Explain any concerns you have with amounts reported.			
Do you believe hardship is an appropriate consideration in the member's application? Provide your opinion on the extent of hardship and recommend a monthly collection rate.			
Signature		Rank/Rate	Date
Name and Title			