

# FBACF Financial Worksheet

Case # \_\_\_\_\_

Date : \_\_\_\_\_

Name : \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_

Referred by: \_\_\_\_\_ Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses name: \_\_\_\_\_

# of children \_\_\_\_\_ Ages: \_\_\_\_\_

## Income

Monthly Pay after collections	\$ _____
Spouses Net monthly income	\$ _____
Child support received	\$ _____
Other income	\$ _____
<b>Total income including allotments</b>	<b>\$ _____</b>

## Household Expenses

(per month)

Rent/Mort (bal. _____)	\$ _____
Utilities (Electric/Gas/water)	\$ _____
Telephone	\$ _____
Garbage	\$ _____
Insurance	\$ _____

## Living Expenses

Cell phone	\$ _____
Groceries/eating out/etc.	\$ _____
Haircuts/personal care	\$ _____
Clothing	\$ _____
Laundry	\$ _____
Cable (TV, internet)	\$ _____
Cigarettes & beverages	\$ _____

## Transportation Expenses

POV insurance	\$ _____
Gasoline	\$ _____
POV Maintenance	\$ _____

## Childcare Expenses

Child care	\$ _____
Child Support	\$ _____
Other _____	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Creditor Information (credit cards, loans, etc.):

Creditors	Amount Owed	Monthly Payments
Total		

LES Allotments:

Allotments	Amount Owed	Monthly Payments
Total		

Any other information that will help us: \_\_\_\_\_

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Total Gross Income \$ \_\_\_\_\_  
Total Household Expenses \$ \_\_\_\_\_  
Total Allotments (LES) \$ \_\_\_\_\_  
Total Owed to Creditors (required monthly payments) \$ \_\_\_\_\_  
Total Left at End of Month (if negative, please indicate) \$ \_\_\_\_\_

Unit: \_\_\_\_\_ Phone: \_\_\_\_\_  
Commander: \_\_\_\_\_ Phone: \_\_\_\_\_  
Commander's Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**Reason for Request:** (Use additional paper if necessary)

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**NOTE: ALL APPLICATIONS FOR FINANCIAL ASSISTANCE MUST FIRST GO THROUGH AER AND THROUGH THE FINACIAL MANAGEMENT NCOIC.**

AER Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of AER Case Worker: \_\_\_\_\_  
Date: \_\_\_\_\_

Unit's Financial Management NCOIC Response\*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Management NCOIC's Signature\*: \_\_\_\_\_  
Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

NOTE: \* APPLIES TO ACTIVE DUTY ONLY