Directive: COMNAVCRUITCOMINST 1131

# ENLISTEE FINANCIAL STATEMENT

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The public reporting burden for this collection of information is estimated to average 33 minutes per response including the time for reviewing instructions, searching existing date sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0020). Respondents should be aware that not withstanding any other provision of law, no person shall be subject to any penalty for failing to comply with collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR ENLISTEE FINANCIAL STATEMENT TO THE ABOVE ADDRESS.**

## PRIVACY ACT STATEMENT

**Authority.** Title 5, USC, Section 301 establishes Departmental regulations. Title 10, USC, Section 503 provides information on enlistment, Section 504 provides information on persons not qualified for enlistment in the armed forces, Section 508 establishes reenlistment qualifications and Section 12103 establishes Reserve components qualifications. and E.O. 9397 (SSN). SORN ID# N01130-1

**Purposes.** To provide recruiters with information concerning personal financial status and other individualized items which may influence the decision to select or not select an individual for enlistment in the U.S. Navy. To provide historical data for comparison of financial status of current applicants with those selected in the past. To provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tools that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

**Routine Uses**. This information will be accessed by recruiters and DON officials with a need to know in support of requests for enlistment in the U.S. Navy. Information may also be released to officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel.

The DoD `Blanket Routine Uses' that appear at the beginning of the Navy's compilation of system of records notices also apply to this system.

**Disclosure.** Voluntary. However, failure to provide the requested information may result in an inability to process you for enlistment.

I affirm that I have read, understand, and agree to the above Privacy Act Statement.

**Signature of Applicant** **Date**

**This financial statement is used only by authorized U.S. Navy personnel and shall be completed by all applicants with dependents enlisting or reenlisting in the Regular Navy/Navy Reserve, or when required by instruction.**

**Applicants in DEP over 90 days are required to complete an updated financial statement prior to shipping to RTC Applicants who acquire dependents while in DEP shall complete this financial statement prior to shipping to RTC. The signature of the spouse is mandatory unless the spouse resides outside the local recruiting area.**

1. Applicant Name (Last, First, MI) 2. Date of Birth 3. Eligible Pay Grade 4. Date

5. Applicant's Current Employer 5a. Employed Since 5b. Net Monthly Pay

6. Spouse's Current Employer 6a. Employed Since 6b. Net Monthly Pay

7. Other Applicant's/Family Sources of Income 7a. Employed Since 7b. Net Other Income

8. Total Family Net Income (5b+6b+7b)

9. Estimated monthly income, prior to taxes and deductions, shall be calculated based on the current Defense Finance and Accounting Service (DFAS) Basic Pay Table found at www.dfas.mil/militarypay/militarypaytables.html.
Total estimated Navy Pay (based on gross basic pay for enlistment pay grade)

9a. Est. Gross Base Pay

10. Number of Dependents AGE AGE AGE AGE AGE AGE

11. Housing: Rent ☐ Own ☐ Buying ☐ Other ☐ Explain 11a. Monthly Housing Cost:

12. Savings and Checking Assets:
a. Do You Have a Savings Account Yes ☐ No ☐ Current Balance:
b. Do You Have a Checking Account Yes ☐ No ☐ Current Balance:

13. Debt Payment History:
a. Have you ever filed for bankruptcy? Yes ☐ No ☐ If yes, explain in block 16
b. Have you ever been late on any payment more than 30 days? Yes ☐ No ☐ If yes, explain in block 16
c. Do you have any liens or judgments pending against you? Yes ☐ No ☐ If yes, explain in block 16
d. Do you have or ever had anything in collections? Yes ☐ No ☐ If yes, explain in block 16

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14. Monthly Recurring Debt:

| Category | Category | Amount Owed | Monthly Payment |
|---|---|---|---|
| Mortgage | | | |
| Automobile Loan | | | |
| Credit Card (1) | | | |
| Credit Card (2) | | | |
| Credit Card (3) | | | |
| Credit Card (4) | | | |
| Bank Loan (1) | | | |
| Bank Loan (2) | | | |
| Child Support / Alimony | | | |
| Other Credit Debt | | | |
| | Totals | | 14a. |

15. Monthly Living Expenses:

| Expense Category | Monthly Expenditure | Remarks |
|---|---|---|
| Food | | |
| Clothing | | |
| Utilities ( Gas, Water, Electricity, Etc.) | | |
| Insurance ( Life , Home, Auto, Health, Etc.) | | |
| Child Care | | |
| Phone | | |
| Cellular Service | | |
| Television, Cable, Satellite, DSL, Service | | |
| Entertainment | | |
| Miscellaneous Fee's for Services | | |
| Medical Care and Prescriptions | | |
| Other Expenses ( Explain in Remarks) | | |
| Total from Block 14a | | |
| Total Monthly Living Expenses | 15a. | |

16. Applicant's Remarks:
(if additional space is required, continue on separate sheet of paper.)

17. Financial Stability Calculations:

Estimated Net Family Income (Add blocks 6b, 7b and 9a): _____

Total Living Expenses 15a: _____

Differential (+/-): _____

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18. I certify that the information given in this statement is a true account of my financial obligations and that my dependents (line out as appropriate) Do ☐ / Do Not ☐ require any special medical attention/treatment.

**Signature of Applicant** _____ _____

**Signature of Spouse** _____ _____

**Authenticating Recruiter ( Type / Print)** _____

**Signature of Recruiter** _____ _____

19. Command Representative Interview.

I have determined member is handling present personal and financial affairs in a mature, competent, and responsible manner; can meet current and expected financial obligations with service pay; and I have counseled the member concerning potential problems that may be experienced at the onset of enlistment relating to financial matters and the assignment to possible dependent restricted tours.

**Signature of Command Representative** _____ **Rank / Title of Position** _____ **Date** _____

20. Interviewers Comments / Recommendations

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