

COMMANDING OFFICER'S FINANCIAL WORKSHEET

Disclosure of information on this format is voluntary. Possible adverse affects of nondisclosure could result in a decision being made to assign the subject to a special duty or independent duty assignment without consideration of information, which, if known, might have had a bearing on that decision. The information solicited by this format is not to be included in any official system of records.

Rank _____ Last Name, First Name, MI _____ SSN/MOS _____

Unit _____ MCC _____

1. GENERAL INFORMATION

Married _____ Number of Children/dependants _____
(Excluding spouse)

2. MONTHLY INCOME (Note 1)

- a. Base Pay
- b. PRO/SEP Rations
- c. SDA Pay - DI 375.00 RCTR 450.00.....
MSG 150.00 MCI 225.00 CRS 150.00
- d. Other Income.....
- e. **Total Monthly Income**.....
(Add a through d)

3. MANDATORY MONTHLY DEDUCTIONS (From current LES)

- a. FITW (Federal Tax)
- b. Social Security.....
- c. Medicare.....
- d. SITW (State Tax).....
- e. SGLI.....
- f. Dental Family.....
- g. Charity (Note 3).....
- h. Allotments (Note 4) _____

- i. Advance Pay.....
(Balance: \$ _____)
- j. Child Support/Alimony.....
- k. Other.....
(Explain: _____)
- l. **Total Mandatory Monthly Deductions**.....
(Add a through k)

	Initial screening	Recertification
	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
\$	_____	_____
_____	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
+	_____	_____
\$	_____	_____

4. MONTHLY RECURRING BILLS & OBLIGATED DEBTS
(SEE NOTE 5)

NAME OF CREDITOR

- a. Car #1.....
- b. Car #2.....
- c. Car Insurance.....
- d. Personal Life Insurance.....
- e. Credit Cards: _____

- f. Loans: _____

- g. Others: _____

- h. **Total Monthly Credit Payments**.....
(Add a through g)

INITIAL SCREENING		RECERTIFICATION	
Monthly payment	Balance Due	Monthly payment	Balance Due
_____	_____	_____	_____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
+ _____	+ _____	+ _____	+ _____
\$ _____	\$ _____	\$ _____	\$ _____

5. NET AVAILABLE FUNDS

- a. Total Monthly Income.....
- b. Total Mandatory Monthly Deductions.....
- c. Total Monthly Credit Payments.....
- d. **NET AVAILABLE FUNDS**.....
(Subtract a through c)

INITIAL SCREENING	RECERTIFICATION
_____	_____
- _____	- _____
- _____	- _____
\$ _____	\$ _____
_____	_____
+ _____	+ _____
+ _____	+ _____
\$ _____	\$ _____
\$ _____	\$ _____

6. ADDITIONAL INFORMATION (Note 6)

- a. Savings Account(s): _____
- b. Checking Account(s): _____
- c. Investments: _____
- d. Total Amount Available.....
(Add a through c)
- e. Spouse Income.....
This income contributes to credit payments
Spouse Occupation _____

f. Do you own a home or mobile home?

YES OR NO (circle one)

When Purchased? _____

If yes, monthly payment.....

Mortgage Balance

INITIAL SCREENING		RECERTIFICATION	
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

Read and answer the questions below	INITIAL SCREENING		RECERTIFICATION	
	YES	NO	YES	NO
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				
2. Have you ever been denied credit for any reason?				
3. Have you ever been denied housing as a result of a poor credit rating?				
4. Have you ever had anything repossessed?				
5. Are there any other financial issues that are not covered in this checklist?				
Comments on all YES responses _____				

NOTE 1: Do **NOT** include BAH in computing monthly income. BAH payments are considered to adequately cover housing expenses for geographical location.

NOTE 2: Normally those deductions found on the LES.

NOTE 3: Navy Relief Society, Combined Federal Campaign, US Navy/Marine Corps Retirement Home, etc.

NOTE 4: Explain the type of allotment. Do **NOT** include dependent allotments. (i.e. child savings bonds, etc.)

NOTE 5: Do **NOT** include those creditors that are paid by an allotment listed under **MANDATORY MONTHLY DEDUCTIONS**. Do **NOT** include rent, mortgage, utilities, telephone, etc. Do include recurring bills paid by spouse.

NOTE 6: The items listed under **ADDITIONAL INFORMATION** are intended to provide amplification of your financial status. (Include mutual funds, IRA, etc., under savings investments.)

Signature of Marine

Date

Based upon my assessment, I find this Marine financially **Qualified/Unqualified**. The finding of UNQUALIFIED is amplified in the remarks below. (Commanding Officer must circle one)

SgtMaj Printed Name

Rank

Billet

SgtMaj Printed Name Signature

Date

Commanding Officer Printed Name

Rank

Billet

Commanding Officer Signature

Date

ENSURE THE FOLLOWING RECERTIFICATION PAGE IS ATTACHED

COMMANDING OFFICER'S FINANCIAL WORKSHEET RECERTIFICATION

I certify that the financial information provided is true to the best of my knowledge.

Signature of Marine

Date

Commanding Officer's Re-certification: (To be completed 60 days prior to the Marine detaching date.)
This Marine's qualifications for assignment to special duty **has/has not** changed since my initial interview and screening of his/her records. The Marine **does/does not** meet the requirements listed in MCO P1326.6. (**If the Marine no longer meets the requirements, contact MMEA-85 via naval message NLT 30 days prior to the class report date.**)

Based upon my assessment, I find this Marine financially **Qualified/Unqualified**. The finding of UNQUALIFIED is amplified in the remarks below. (Commanding Officer must circle one)

Commanding Officer Printed Name

Rank

Billet

Commanding Officer Signature

Date