DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

FINANCIAL STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form. **AUTHORITY**: 10 U.S.C. §2774, 14 U.S.C. §461 and EO 9397. **PURPOSE**: Used when consider remission or waiver of indebtedness. **ROUTINE USES**: Authorized USCG officials will use this information to act on your request for a waiver or remission of indebtedness to the United States. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011). **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION**:

Providing this information is voluntary. However, failure to provide this information may prevent favorable consideration of your application.

1 Toviding this initina	ilion is voluntary.	. However, failure to pro	UVIUE IIIIS IIIIUIIII	allon may prevent is	avoi abie coi isiue	eration of your application.		
	Pa	rt I: INFORMAT	TION COMP	LETED BY M	IEMBER			
Name (Last, First, M.I.)			Rank/Rate		EMPLID			
Name and Address			Age	Relationship		% of Support		
				·		• •		
APPLICANT'S MONTHLY INCOME AND EXPENSES								
MONTHLY INCOME		AMOUNT	М	MONTHLY EXPENSES		AMOUNT		
Basic Pay		\$	FI	FITW		\$		
Basic Allowance for Housing			SI	SITW				
Basic Allowance for			FI	ICA Tax				
Subsistence				lent/House Payment				
Aviation Incentive Pay				tilities				
Career Sea Pay				elephone				
Clothing Maintenance Allowance				Food				
Other (Specify)			CI	Clothing				
				surance				
			I	ar Expenses (Op	erating)			
TOTAL		\$		School				
MONTHLY INSTALLMENT PAY		1 .		edical/Dental				
ITEM EXPIRES		AMOUNT	Forfeitures of Pay					
Car				Child Support/Alimony				
Furniture			 	Thrift Savings Plan (TSP)				
Other (Specify)				Other (Specify)				
TOTAL		\$	Т	TOTAL		\$		
		RECAP OF TO	OTAL MONT	HLY INCOME				
Total Pay and All			\$					
Total monthly installment payments				\$				
Total monthly expenses				\$				
Total monthly obligations (Installment payments and expenses)								
Net income (Total income less total monthly obligations)								

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Spouse's net income	\$	ОТ	OTHER ASSETS						
Other net income	\$	Approximate value estate owned other		\$					
Member's net income (from page 1)	\$	Average balance of		<u> </u>					
Total family net monthly income	\$	account		\$					
		Approximate value of stocks, bonds and other securities		\$					
		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.									
Name (First M.I. Last)		Date application received by Member's Commanding Officer							
Signature of Member		Date							
Part II: INFORMATION COMPLETED BY COMMANDING OFFICER									
Does the member provide reasonable amounts reported.									
Do you believe hardship is an approp opinion on the extent of hardship and				ovide your					
Signature of Commanding Officer			Rank/Rate						
Name and Title			Date						

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