

CI APPLICANT FINANCIAL WORKSHEET

NAME/RANK: _____

DATE: _____

DISCLOSURE OF THE INFORMATION ON THIS FORM IS VOLUNTARY. HOWEVER, FAILURE TO TRUTHFULLY FILL OUT THIS FORM MAY RESULT IN THE APPLICANT BEING REJECTED FOR LATERAL MOVE INTO THE 0211 MOS. FALSE OR INCOMPLETE INFORMATION COULD RESULT IN THE DELAY OF ATTENDING MOS SCHOOL, GRANTING OF A CLEARANCE, AND/OR DENIAL OF APPLICANT'S LAT-MOVE PACKAGE. ALL INFORMATION IS KEPT CONFIDENTIAL WITHIN CI/HUMINT COMPANY AND IS ONLY USED AS A GUIDE FOR APPLICANT'S SUITABILITY FOR THE 0211 MOS. ENSURE THE INFORMATION BELOW REPRESENTS A CLEAR AND ACCURATE PICTURE OF YOUR CURRENT FINANCIAL STATE.

MONTHLY INCOME		MONTHLY MANDATORY DEDUCTIONS		OTHER MONTHLY PAYMENTS	
BASE PAY		FEDERAL TAX		CAR 1	
BASE PAY		STATE TAX		CAR 2	
BAH		SOCIAL SECURITY TAX		CAR 3	
SPOUSE		MEDICARE		CAR INSURANCE	
		SGLI		CREDIT CARD 1	
OTHER INCOME		FAMILY DENTAL		CREDIT CARD 2	
		OTHER INSURANCE		CREDIT CARD 3	
		CHARITY		CREDIT CARD 4	
		ALLOTMENTS (DESCRIBE)		LOAN 1	
				LOAN 2	
				LOAN 3	
				LOAN 4	
		ADVANCE PAY		RENT/MORTGAGE	
		CHILD SUPPORT		CELL PHONE	
		OTHER (EXPLAIN)		UTILITIES/CABLE	
				OTHER	
		TTL MANDATORY DEDUCTIONS		TOTAL PAYMENTS	
				<-----	
TOTAL INCOME					
-		TOTAL DEBT			
		<-----			
NET INCOME					
SAVINGS		Total Amount in Savings			