DEFENSE FINANCE AND ACCOUNTING SERVICE
8899 East 56th Street
Indianapolis, IN 46249-0201

Information for completion and submission of Voluntary Repayment Agreement (VRA) and the Financial Hardship Application (FHA). Please read to avoid automatic disapproval.

- Complete **ALL** required fields. Required fields are indicated by a highlighted blank underline. Failure to complete applicable fields will result in disapproval.
- Your account number can be found on your billing statement.
- Print and sign the VRA and FHA before submitting to DFAS-IN/Debt and Claims, Department. Failure to sign will result in disapproval.
- If needed, use additional sheets where space on the FHA form is insufficient or continue onto the back of the provided page.
- Before DFAS can render a decision on your request for installment payments, a complete, accurate financial statement is required. Your financial status will be reviewed to determine if payment by installment is appropriate.
- The installment payments should be sufficient in size and frequency to expedite liquidation of the debt in three (3) years or less; however, a greater amount of time may be appropriate based on the size of the debt and the debtor's ability to repay.
- Once you have submitted your request for installment payments, begin making your requested, installment monthly payments while your packet is in review. If no payments are received on your account, you are running the risk of your account being forwarded to the credit bureaus, Department of Treasury, and Treasury Offset Program.
- No modification of the terms of this VRA shall be allowed unless by written agreement signed by both parties in the form of a new VRA.
- This VRA is only for those debtors that still have an account with DFAS. If you are unsure if your account is still with DFAS, please check your status at https://lt-apps.dfas.mil/opstdc. It is possible that your account has already been sent to the Department of Treasury for potential enforced collections.
- If your mailing address has changed, please be sure to update it via AskDFAS here: (Submit an inquiry to Account Inquiry / Address Change)

SUBMISSION INSTRUCTIONS

Submit a ticket with a completed and signed copy of the VRA and FHA at askDFAS: https://corpweb1.dfas.mil/askDFAS/custMain.action?mid=5100

For step-by-step instructions on how to submit an askDFAS ticket, please visit 'Debt Repayment Options' on https://www.dfas.mil

VOLUNTARY REPAYMENT AGREEMENT (VRA)
FOR REDUCED MONTHLY INSTALLMENT AMOUNT

I, _____("debtor"), acknowledge that I owe and am obligated to repay a debt to the United States. I agree to repay by installment the full amount of the debt shown on the account statement dated _____. I understand that DFAS will send me a monthly account statement and I will be required to pay the amount billed within 30 days from the date of the account statement. I agree to pay the debt under the following terms and conditions:

1. **Payment Obligation;** Payment at the monthly rate shown on the initial account statement would result in an extreme financial hardship for me. I am requesting a reduced monthly payment based on my financial status as indicated in the enclosed Financial Hardship Application. I agree to make a reduced monthly payment in the amount of $_____ for one (1) year from the date of this Voluntary Repayment Agreement herein referred to as VRA. After 1 year, I understand I will be billed in full for the remaining amount of my debt and if I am unable to pay the debt in full, I must enter into a new VRA. Interest will continue to accrue each month on the remaining balance of my debt.
2. **Crediting of Payments Made;** Payments will be credited in the following order: first, to outstanding late payment penalties and administrative charges; second, to accrued and unpaid interest; and third, to the principal balance owed.
3. **Interest, Late Payment Penalties, and Administrative Charges;** Pursuant to 31 U.S.C. 3717, interest, late payment penalties, and administrative costs are charged on debts owed to the United States. Late penalties shall be charged in an amount not to exceed six percent per year on any amount that is more than 90 days past due.
4. **Default and Demand for Immediate Payment in Full;** In the event I default on my obligation under this VRA, DFAS shall be entitled to terminate this VRA without notice. Upon termination, DFAS shall retain all amounts paid. Any unpaid balance of the debt will be automatically reinstated and shall become immediately due and payable pursuant to law. DFAS shall be entitled to take any lawful action it deems appropriate to collect the debt.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS VOLUNTARY REPAYMENT AGREEMENT FOR REDUCED MONTHLY INSTALLMENT AMOUNT

Debtor Signature:_____ **Date:**_____

Debtor Printed Name:_____ **Account Number:**_____

Spouse's Signature:_____ **Date:**_____

Spouse's Printed Name:_____

Note: If the current address listed on your account statement is not correct, it is your reasonability to notify DFAS.
Modification - No modification of the terms of this VRA shall be allowed.

----------**FOR OFFICE USE ONLY**----------

As an authorized representative of the United States, I hereby accept the installment agreement set forth above.

Signature:_____ **Date:**_____

Agency Representative:_____ **Title and Agency:** _____

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.

Account Number:_____

Financial Hardship Application (FHA)

Financial Statement of Debtor

(Submitted for Government Action on Claims Due to the United States)

Note: Use additional sheets where space on this form is insufficient or continue on back of last page.

Privacy Act Notice: We are asking you for this information pursuant to the U. S. Department of Defense and the U. S. Department of the Treasury's authority to collect debts owed to the United States, which is found at 31 U.S.C. 321, 3701 et seq., and 31 C.F.R. parts 285 and parts 900-904. The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. This information may be disclosed to other Federal agencies, credit bureaus, and private collection agencies for the purpose of collecting debt(s) owed by you to the United States. Your name and social security number may be disclosed to your employer if we decide to garnish your wages to collect debt(s) owed by you to the United States. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. We are required to ask you for your social security number pursuant to 31 U.S.C. 7701(c)(1). Your social security number will be used for purposes of collecting and reporting on any delinquent amounts you owe to the United States. Disclosure of your financial information is voluntary. However, if the requested information is not furnished, the U. S. Department of Defense may not be able to resolve your debt pursuant to a mutual agreement.

PERSONAL INFORMATION

1. Name *(Debtor)*	2. Birth Date *(Month/Day/Year)*	3. Social Security Number
4. Home Address *(Street, City, State & Zip Code)*	5. Home Phone *(Area Code)*	
6. Cellular Phone Number *(Area Code)*	7. Marital Status Married Separated Unmarried (single, divorced, widowed)	
8. Spouse's Name *(if applicable)*	9. Spouse's Social Security Number	10. Spouse's Birth Date *(Month/Day/Year)*
11. Age and relationship of dependents living in your household *(exclude yourself and spouse).*		

EMPLOYMENT INFORMATION

12. Present Employer's Name	13. Employer's Phone Number
14. Employer's Address *(Street, City, State, and Zip Code)*	
15. Job Title	16. Present Employment *(Length)*
17. Spouse's Employer's Name	18. Employer's Phone Number
19. Employer's Address *(Street, City, State, and Zip Code)*	
20. Job Title	21. Present Employment *(Length)*

Account Number:_____

MONTHLY INCOME & EXPENSES

22. Total Income		23. Monthly Expenses	
Source	**Gross**	**Source**	**Claimed**
Wages/salaries *(debtor)*		Rent/mortgage	
Wages/salaries *(spouse)*		Child support	
Interest, dividends		Alimony	
Net business income		Car payment/Car Insurance	
Rental income		Gasoline/auto repairs	
Pension/Social Security *(debtor)*		Electricity	
Pension/Social Security *(spouse)*		Natural gas	
Child support		Food	
Alimony		Cable/satellite TV	
Any Other Cash Compensation (for example: annuity payments, lottery winnings, pensions, trust payments or disability benefits)		Medical expenses (out-of-pocket)	
		Clothing	
		Trash	
		Telephone/Cell Phone	
		Other	
TOTAL INCOME	$ 0.00	**TOTAL EXPENSES**	$ 0.00
(DFAS use only) Net difference *(income less necessary living expenses)*…….			$ 0.00

REAL PROPERTY: HOME/RENTAL PROPERTY/FARM/LAND/VACATION/OTHER

24. List all real estate owned or being purchased by you or your spouse/companion including your home or property you rent or intend to rent to others. *(If you need additional space, attach a separate sheet)*

Address (Street, City, State & Zip Code)	**Lender/Lien Holder**	**Purchase Price**	**Loan Balance** *(if applicable)*	**Monthly Payment**

CREDIT CARDS, LOANS, OTHER REPAYMENTS

25. List credit card, installment, or other payments below: *(If you need additional space, attach a separate sheet)*

Creditor	**Credit Limit** *(if applicable)*	**Amount Owed***(if applicable)*	**Date of Last Payment**	**Minimum Payment**

Account Number:_____

CASH

26. Provide name and address of the bank/financial institution, and the amount in each account/deposit: (*If you need additional space, attach a separate sheet)*

Type of Account	Name of Bank or Financial Institution	Amount in Account or on Deposit
Checking		
Checking		
Savings		
Savings		
Money Market		
401K		
Other:		

OTHER ASSETS

27. Do you own Investments/Securities (stocks, bonds, mutual funds, money market funds, government securities, etc.? ☐ YES ☐ NO

If yes, list name and address of issuer: (*If you need additional space, attach a separate sheet)*	Current Value of all Stocks/Bonds
1.	1. $
2.	2. $
3.	3. $

28. List vehicles being purchased or leased by you or your spouse/companion. Include boats, RV's, motorcycles, trailers, etc. (*If you need additional space, attach a separate sheet)*

Model/Year	Loan Balance *(if applicable)*	Monthly Payment

ITEMS WHICH MIGHT AFFECT FUTURE ASSETS

29. Are you involved in a lawsuit in which you might receive money or something of value? ☐ YES ☐ NO
If yes, state where the suit is filed and what it involves (include Court number and caption):

30. Are you a Trustee, Executor, Administrator or expected Beneficiary of an estate? ☐ YES ☐ NO
If yes, give details:

31. Is anyone holding money on your behalf? ☐ YES ☐ NO
If yes, give details:

32. Are there any outstanding unpaid judgments against you for debts other than this one? ☐ YES ☐ NO
If yes, give specific details and attach copies of the bills:

OTHER INFORMATION RELATING TO YOUR FINANCIAL CONDITION

33. Other Court proceedings ☐ YES ☐ NO
If yes, please give dates and explain (include Court number and caption when applicable):

34. Bankruptcies? ☐ YES ☐ NO
If yes, please give dates and explain (include Court number and caption when applicable):

35. Repossessions? ☐ YES ☐ NO
If yes, please give dates and explain (include Court number and caption when applicable):

36. Recent sale or other transfer of assets less than full value? ☐ YES ☐ NO
If yes, please give dates and explain:

Account Number:_____

37. Anticipated increase in income? If yes, please give dates and explain:	☐ YES	☐ NO
38. Participant or beneficiary to trusts, estate, profit sharing, etc? If yes, please give dates and explain:	☐ YES	☐ NO

TAXES

39. Did you file a Federal Income Tax Return last year?	☐ YES	☐ NO
☐ Joint ☐ Individual	Amount of Gross Income on return was *(if applicable)* $	
Are you or did you receive a tax refund from Federal, State, City or County?	☐ YES	☐ NO

If yes, list from whom and amount of each refund: (If you need additional space, attach a separate sheet)

Entity_____ $_____

Entity_____ $_____

Do you owe delinquent taxes?	☐ YES	☐ NO

If yes, list below years and amounts due:

With knowledge of the penalties for false statements provided by 18 United State Code 1001 ($10,000 fine and/or five (5) years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U. S. Department of Defense and U.S. Department of Treasury, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

Debtor Signature:_____ Date:_____

Debtor Printed Name:_____

Spouse's Signature *(if applicable)*:_____ Date:_____

Spouse's Printed Name:_____

Note: If you have added additional sheets to this form, or added information on the back of this page or any page, please also, sign and date those pages.

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