



DEFENSE FINANCE AND ACCOUNTING SERVICE

8899 EAST 56TH STREET
INDIANAPOLIS, IN 46249-0201

Instructions for submission of reduced monthly installment:

IT IS VERY IMPORTANT TO READ THE FOLLOWING STEPS ON HOW TO FILL OUT YOUR REQUEST FOR REDUCED PAYMENTS TO AVOID ANY AUTOMATIC DISAPPROVAL.

1. Please fill out your full name, account number and desired reduced monthly payment amount. Your account number can be found on your billing statement.
2. Before we can render a decision on your request for reduced payments, a complete, accurate financial statement is required. A copy of the financial statement is accompanied with your Voluntary Repayment Agreement (VRA). Your financial status will be reviewed to determine if payment by installment is appropriate.
3. DFAS maintains the discretion to reject an unacceptable proposed reduced monthly installment amount. DFAS will notify the Debtor in writing through a letter or a new billing statement with the lump sum balance due.
4. Once you have submitted your request for reduced payments, begin making your requested, reduced 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 forward to the credit bureaus, Department of Treasury and Treasury Offset program.
5. 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.
6. This VRA/FHA 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 <http://www.dfas.mil/debtandclaims.html>. It is possible that your account has already been sent to the Department of Treasury for potential enforced collections. Please use the link above to determine the current status. You can also call our Care Center (866)912-6488 for status of account.
7. If your address has changed from the current address we have on file, please call our customer care center or email us with “**address change**” in the subject line for prompt changes to your account.

SUBMISSION INSTRUCTIONS (Mail or AskDFAS)

You can **mail** back the required documents in this packet with a signed copy of the arrangement letter within 15 days to:

DFAS-IN/Debt and Claims, Department 3300
Attn: Customer Service Center
8899 East 56th St., Indianapolis, IN 46249

You can submit a ticket by utilizing the ASKDFAS feature located at:

<https://corpweb1.dfas.mil/askDFAS/custCategories.action?tsm=1487857548500&pgModId=5100>

Sincerely,
Customer Care Center
Debt and Claims Management
1-866-912-6488

**VOLUNTARY REPAYMENT AGREEMENT (VRA)
FOR PAYMENT BY INSTALLMENT**

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: I agree to repay the debt in the manner I have selected below (select one):

_____ **Installment Amount Listed on the Account Statement dated** _____

I agree to pay, on a monthly basis, the “**Installment Amount**” listed on the initial account statement I received. My first installment payment must be received by the date listed on the account statement. Failure to submit my first payment by the due date will result in the cancellation of this VRA and I understand I will be billed for the full balance of my debt. Timely payment of my monthly installment should result in the full payment of my debt within 36 months. Interest will continue to accrue each month on the remaining balance of my debt.

_____ **Reduced Monthly Installment Amount**

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 1 year from the date of this 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. Review of Financial Status. Your financial status must be reviewed to determine if payment by installment is appropriate. **You MUST submit a completed Financial Hardship Application with your VRA** in order for DFAS to approve your request to pay the debt by installment. DFAS maintains the discretion to reject an unacceptable VRA.

3. 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.

4. 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 6 percent per year on any amount that is more than 90 days past due.

5. 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 VRA.

Signature of Debtor: _____ **Date:** _____ **Printed Name:**
_____ **Address:** _____

Modification. No modification of the terms of this VRA shall be allowed.

DO NOT WRITE BELOW THIS LINE

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

Agency Representative

Signature: _____ **Date:** _____

Printed Name: _____ **Title and Agency:** _____

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

Financial Hardship Application (FHA)**Financial Statement of Debtor***(Submitted for Government Action on Claims Due to the United States)***Note: Complete all blocks. Write "N/A" (not applicable) in those blocks that do not apply. Use additional sheets where space on this form is insufficient or continue on back of this 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

<u>PERSONAL INFORMATION</u>		
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 Social Security Number:	9. Spouse's Birth Date (Month/Day/Year):

EMPLOYMENT INFORMATION

10. Present Employer's Name		11. Employer's Phone Number	
12. Employer's Address (Street)		(City, State, and Zip Code)	
13. Job Title		14. Present Employment (Length)	
15. Spouse's Employer's Name		16. Employer's Phone Number	
17. Employer's Address (Street)		(City, State, and Zip Code)	
18. Job Title		19. Present Employment (Length)	

SALARY, WAGES, and other INCOME

20. Your monthly household gross salary/wages (before any deductions): \$ _____
21. Your total household take home pay (after deductions) is: \$ _____
22. Other income (commissions, rental income, social security, unemployment, etc...): \$ _____

***** NOTE: You must attach proof of all income listed above (ex: pay stub or other income verification) *****

FIXED MONTHLY EXPENSES

Rent/Mortgage	\$	Car Insurance	\$
Auto Payment	\$	Telephone	\$
Utilities (total)	\$	Food	\$
Electricity	\$	Public Transportation	\$
Cable TV	\$	Other (Specify)	\$
Natural Gas	\$		\$
Gasoline	\$		\$
Water	\$		
Other Utilities (Specify)	\$		
		Grand Total	\$

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

23. Are you buying the home in which you live? • Yes • No

24. Are you buying or do you own real property other than your home? • Yes • No

25. List the value of each piece of property and your equity in it:

Street Address, City, State, Zip <u>Lender/Lien</u> Holder				<u>Loan Balance</u>	<u>Monthly Payment</u>

Street Address, City, State, Zip <u>Lender/Lien Holder</u>		<u>Loan Balance</u>	<u>Monthly Payment</u>

26. Is any of the above listed property owned jointly with anyone else? • Yes • No

If yes, list property and the name of the co-owner:

Property: _____ Co-Owner: _____

Property: _____ Co-Owner: _____

27. Do you rent property to others? • Yes • No If yes, what is the net income to you? \$ _____

CREDIT SUMMARY, LOANS, OTHER REPAYMENTS

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

Creditor	Credit Limit (If Applicable)	Amount Owed	Date of Last Payment	Minimum Payment

CASH

Provide name and address of the bank or financial institution, and the amount in each account or on deposit:

Type of Account	Name of Bank or Financial Institution	Amount in Account or on Deposit
Checking:		\$
Checking:		\$

Savings:		\$
Savings:		\$

Money Market:		\$
401K:		
Other:		\$
	Total Amount:	\$

OTHER ASSETS

28. Do you own stocks or other types of bonds? • Yes • No *If yes, list name and address of issuer and the value:*

Name of Issuer	Current Value of all Stocks/Bonds
----------------	-----------------------------------

29. Do you receive any other cash compensations, i.e., insurance annuity, lottery winnings, pensions, or disability benefits?

• Yes • No *If yes, list the source and the amount below:*

Source	Amount
	\$
	\$

30. List information regarding any vehicle being purchased or leased by you, your spouse/companion or dependent:

Model/Year	Loan Balance (if applicable)	Monthly Payment

	Total Monthly Payments	\$
--	------------------------	----

Is any of the property listed above owned jointly with anyone else? • Yes • No *If yes, with whom:*

ITEMS WHICH MIGHT AFFECT FUTURE ASSETS:

31. 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):*

32. Are you a Trustee, Executor, or Administrator of an estate? • Yes • No *If yes, give details:*

33. Is anyone holding money on your behalf? • Yes • No *If yes, give specific details:*

34. 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.*

With knowledge of the penalties for false statements provided by 18 United State Code 1001 (\$10,000 fine and/or five 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.

Date: _____ Signature: _____

Date: _____ Signature: _____

Please 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 those pages.

SUBMISSION INSTRUCTIONS (Mail or AskDFAS)

You can **mail** back the required documents in this packet with a signed copy of the arrangement letter within 15 days to:

DFAS-IN/Debt and Claims, Department 3300
 Attn: Customer Service Center
 8899 East 56th St., Indianapolis, IN 46249

You can submit a ticket by utilizing the askDFAS feature located at:
<https://corpweb1.dfas.mil/askDFAS/custCategories.action?tsm=1487857548500&pgModId=5100>

Remember, regardless of how you submit, we need your signature on the VRA/FHA.

Sincerely,
 Customer Care Center
 Debt and Claims Management
 1-866-912-6488