



DEFENSE FINANCE AND ACCOUNTING SERVICE
INDIANAPOLIS CENTER
8899 EAST 56TH STREET
INDIANAPOLIS, INDIANA 46249-3300

Instructions for submission of reduced payment:

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

1. Please supply account number on all pages of documents to ensure all documents are located and processed efficiently as possible.
2. When filling out your Promissory Note, you will need a copy of your current billing statement to provide the information requested. **(If you do not have a current billing statement and you haven't made any payments on this account. Please contact our customer care center to verify your account is still active with our office and has not been turned over to the Department of Treasury for collection.)**
3. Please fill out your full name, account number, current date from your billing statement and desired reduced monthly payment amount. Your account number and date for your bill can be found on your current billing statement.
4. Before we can render a decision on your request for reduce payments, a complete, accurate financial statement is required and a copy of your current bill referenced in step 3. A copy of the financial statement is accompanied with your Promissory Note. Your financial status will be reviewed to determine if payment by installment is appropriate.
5. DFAS maintains the discretion to reject an unacceptable proposed Promissory Note. DFAS will notify the Debtor in writing in the event the Promissory Note submitted by the Debtor is unacceptable.
6. Once you have submitted your request for reduce 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.
7. No modification of the terms of this Promissory Note shall be allowed unless by written agreement signed by both parties in the form of a new Promissory Note.
8. 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.
9. 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 also fax the required documents and signed copy of the arrangement letter to (317) 275-0281 Attn: Customer Care Center.

Sincerely,

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

Name: _____
Account Number: _____

PROMISSORY NOTE FOR REDUCED PAYMENT PLAN

I, _____ (“Debtor”), acknowledge that I owe a debt to the Out-of-Service Debt Management office. I promise to repay the full debt amount found on the attached correspondence dated _____ from the date hereof until the entire debt, including interest, late payment penalties, and administrative charges, is paid in full under the following terms and conditions:

1. 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 a year on any amount that is more than 90 days past due.

2. Reduced Payment Amount Due to Financial Hardship. Debtor has requested and is granted reduced payments for one year due to financial hardship. Debtor shall make reduced monthly installment payments in the amount of \$ _____ for one year from the date of this note. Thereafter, debtor will be billed for the remaining amount of the debt with minimum monthly payments due at an unreduced rate, to commence effective one year from the date of this letter until the entire debt, including interest, late payment penalties, and administrative charges, is paid in full.

3. Review of Financial Status. A Debtor’s financial status will be reviewed to determine if payment by installment is appropriate.

4. 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.

5. Default and Demand for Immediate Payment in Full. If Debtor fails to make a payment within 30 days after the date a monthly statement is issued, the United States will consider Debtor to be in default. The United States may declare the entire debt, including unpaid principal, interest, late payment penalties, and administrative charges, to be immediately payable in one lump sum without further notice or demand upon Debtor.

I certify that I have read and understand the terms of this note.

Signature of Debtor: _____ **Date:** _____

Printed Name: _____

Address: _____

City _____ ST _____

Submitting Your Signed Promissory Note. Please sign and return your proposed Promissory Note to DFAS-IN/Debt and Claims, Department 3300, Attn: Customer Service Center, 8899 East 56th St., Indianapolis, IN 46249-3300. Our Fax number is (317) 275-0281 (Attn: Customer Care Center).

Modification. No modification of the terms of this Promissory Note shall be allowed.

Rejection of Unacceptable Promissory Note by DFAS. DFAS maintains the discretion to reject an unacceptable proposed Promissory Note. DFAS will notify the Debtor in writing in the event the Promissory Note submitted by the Debtor is unacceptable.

Name: _____
Account Number: _____

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.



U.S. Department of Justice
 Financial Statement of Debtor
 (Submitted for Government Action on
 Claims Due the United States)

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

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1
 Personal
 Information

1. Full Name(s) _____
 Street Address _____
 City _____ State _____ Zip _____
 County of Residence _____
 How long at this residence? _____

1a. Home Telephone: (____) _____
 Best Time to Call _____ a.m. _____ p.m.
 1b. Cellular Number: (____) _____

2. Marital Status:
 Married Separated
 Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) _____
 4. Spouse's Social Security No. _____

3a. Your Date of Birth (mm/dd/yy) _____
 4a. Spouse's Date of Birth (mm/dd/yy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Section 2
 Your
 Business
 Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
 No Yes If yes, provide the following information:

7a. Name of Business _____
 7b. Street Address _____
 City _____ State _____ Zip _____

7c. Employer Identification No: _____
 7d. Do you have employees? No Yes
 7e. Do you have accounts receivable? No Yes
 If yes, please complete section 8 on page 5.

ATTACHMENTS REQUIRED: Please provide proof of self-employment income for the **prior 3 months** (e.g. invoices, commissions, sales records, income statement).

Section 3
 Employment
 Information

8. Your employer _____
 Street Address _____
 City _____ State _____ Zip _____
 Work telephone no. (____) _____
 May we contact you at work? No Yes

9. Spouse's Employer _____
 Street Address _____
 City _____ State _____ Zip _____
 Work telephone no. (____) _____
 May we contact you at work? No Yes

8a. How long with this employer? _____
 8b. Occupation _____

9a. How long with this employer? _____
 9b. Occupation _____

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions **for the past 3 months from each employer** (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4
Other
Income
Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

- Pension
- Social Security
- Other (specify, e.g. child support, alimony, rental) _____

 **ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as **3 months** is represented.

Section 5
Banking,
Investment,
Cash, Credit
and Life
Insurance Information

11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a.	Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11b.	Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11c.	Total Checking Accounts Balances			\$ _____

12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12b.	_____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12c.	Total Other Account Balances			\$ _____

 **ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past **3 months** for all accounts.

13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

	Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c.	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d.	Total Investments			\$ _____	

14. **CASH ON HAND.** Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

Section 5
continued

15. **AVAILABLE CREDIT.** List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

	<u>Full Name of Credit Institution</u>	<u>Credit Limit</u>	<u>Amount Owed</u>	<u>Minimum Payment</u>
15a.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____
15b.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____

15c. **Total Minimum Payments** \$ _____

16. **LIFE INSURANCE.** Do you have life insurance with a cash value? No Yes
(Term Life Insurance does not have a cash value.)

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____ 16e. Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f \$ _____

 **ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6
Other

17. **OTHER INFORMATION.** Respond to the following questions related to your financial condition:
(Attach a separate sheet if you need more space.) Information

- 17a. Do you have a safe deposit box? No Yes
If yes, please include the name and address of location of box, the box number and the contents below:

- 17b. Do you have a will? No Yes; if yes, where is it kept? _____
- 17c. Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date of Judgment _____ Amount of debt \$ _____
- 17d. Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date of Judgment _____ Amount of debt \$ _____
- 17e. Are you a party to a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Court _____
Subject matter of suit _____
- 17f. Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____
- 17g. In the past 10 years did you transfer any assets out of your name for less than their actual value?
 No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom was it transferred? _____
- 17h. Do you anticipate any increase in household income in the next 2 years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? _____
- 17i. Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____
- 17j. Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Section 7
Assets and
Liabilities

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

*Current Value is the amount you could sell the asset for today

	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
18a.	_____	\$ _____	\$ _____	_____	_____	\$ _____

18b.	_____	\$ _____	\$ _____	_____	_____	\$ _____

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
18c.	_____	\$ _____	_____	_____	\$ _____

18d.	_____	\$ _____	_____	_____	\$ _____

 **ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

20b. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)

Furniture/Personal effects includes the total current market value of your household such as furniture and appliances

Other Personal Assets includes all artwork, jewelry, collections, antiques or other assets

Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a. Furniture/Personal Effects Other: (List below)	\$ _____	\$ _____	_____	\$ _____	_____
21b. Artwork	\$ _____	\$ _____	_____	\$ _____	_____
21c. Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d. _____	\$ _____	\$ _____	_____	\$ _____	_____
21e. _____	\$ _____	\$ _____	_____	\$ _____	_____

Section 7

continued

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	<u>Description</u>	<u>Current Value</u>	<u>Loan Balance</u>	<u>Lender</u>	<u>Monthly Payment</u>	<u>Date of Final Pymt</u>
22a.	Tools used in Trade/ Business	\$ _____	\$ _____	_____	\$ _____	_____
	Other: (List below)					
22b.	Machinery	\$ _____	\$ _____	_____	\$ _____	_____
22c.	Equipment	\$ _____	\$ _____	_____	\$ _____	_____
22d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
22e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

Section 8

Accounts/
Notes
Receivable

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

*Use only if
needed*

	<u>Description</u>	<u>Amount Due</u>	<u>Date Due</u>	<u>Age of Account</u>
23a.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23b.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23c.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23d.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23e.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23f.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23f = 23g \$ _____

Section 9

Monthly
Income and
Expense
Analysis

**If only one
spouse has
a debt, but
both have
income, list
the total
household
income and
expenses.**

Total Income

<u>Source</u>	<u>Gross monthly</u>
24. Wages (yourself)	\$ _____
25. Wages (spouse)	_____
26. Interest - Dividends	_____
27. Net Business Income	_____
28. Net Rental Income	_____
29. Pension/Social Security	_____
30. Pension/Social Security (Spouse)	_____
31. Child Support	_____
32. Alimony	_____
33. Other	_____
34. Total Income	\$ _____

Total Living Expenses

<u>Expense Items¹</u>	<u>Actual Monthly</u>
35. Rent/Mortgage	\$ _____
36. Electric	_____
37. Natural Gas	_____
38. Cable TV	_____
39. Telephone	_____
40. Water	_____
41. Food	_____
42. Car Payment	_____
43. Gasoline	_____
44. Car Insurance	_____
45. Cell Phone/Pager	_____
46. Other Utilities	_____
47. Clothing & Misc.	_____
48. Health Care	_____
49. Court Ordered Payments	_____
50. Child/Dependant Care	_____
51. Life Insurance	_____
52. Other secured debt	_____
53. Other expenses	_____
54. Education Expenses	_____
55. Total Living Expenses	\$ _____



ATTACHMENTS REQUIRED: Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature _____

Social Security No. _____

Date _____

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.

¹Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.