



NAVY-MARINE CORPS RELIEF SOCIETY®

Pre-Appointment Information Sheet

Service Member's Name: _____

- ✓ Complete this form and bring it with you to your appointment. If married, it is helpful to involve your SPOUSE. All dollars should be entered on a MONTHLY basis (average if needed).
- ✓ Bring a copy of your LATEST monthly Leave and Earnings Statement (LES).

INCOME, LIVING & TRANSPORTATION EXPENSES (MONTHLY)

MONTHLY INCOME:	DOLLARS:	TRANSPORTATION:	DOLLARS:
Military/Retired take-home pay	<input type="text"/>	Gasoline	<input type="text"/>
Net pay from 2 nd job	<input type="text"/>	Vehicle Maintenance	<input type="text"/>
Net pay of spouse	<input type="text"/>	Vehicle Insurance	<input type="text"/>
Child Support	<input type="text"/>	Vehicle Registration	<input type="text"/>
VA Disability	<input type="text"/>	Parking/Tolls/Public Transportation	<input type="text"/>
VA Education Benefits	<input type="text"/>	Other:	<input type="text"/>
Social Security	<input type="text"/>	HEALTH EXPENSES:	
Food Stamps/WIC (Yes/No)	<input type="text"/>	Insurance (life, other)	<input type="text"/>
HOME EXPENSES		Medical (co-pays, dentist, orthodontics)	<input type="text"/>
Rent/Mortgage	<input type="text"/>	Other	<input type="text"/>
Electric/ Natural Gas	<input type="text"/>	CONTRIBUTIONS:	
Water/Sewage/Garbage	<input type="text"/>	Family	<input type="text"/>
Homeowners/Renters Insurance	<input type="text"/>	Religious/Charity/Other	<input type="text"/>
HOA Fees/Taxes	<input type="text"/>	CHILDREN/SCHOOL EXPENSES:	
Security Systems	<input type="text"/>	Activities/Sports/Allowances	<input type="text"/>
Cell Phone	<input type="text"/>	Tuition	<input type="text"/>
Home Phone/Internet/Cable	<input type="text"/>	School Lunches/Supplies	<input type="text"/>
Other	<input type="text"/>	Uniform/Lessons	<input type="text"/>
DAILY LIVING EXPENSES		Other	<input type="text"/>
Groceries	<input type="text"/>	ENTERTAINMENT/MISCELLANEOUS:	
Fast Food/Dining Out	<input type="text"/>	Nights Out/Movies	<input type="text"/>
Beverages/Lunches	<input type="text"/>	Memberships	<input type="text"/>
Clothing/Shoes	<input type="text"/>	Books/E-books/Magazines	<input type="text"/>
Laundry/Dry Cleaning	<input type="text"/>	Tobacco/Alcohol	<input type="text"/>
Hair Cuts/Salons	<input type="text"/>	Pets	<input type="text"/>
Personal Care/Toiletries	<input type="text"/>	Storage Unit Fees	<input type="text"/>
Child Care	<input type="text"/>	Leisure/Hobbies/Gambling/Gaming	<input type="text"/>
Diapers	<input type="text"/>	Gifts/Holidays	<input type="text"/>
Child Support (non-allotted)	<input type="text"/>	Bank Fees	<input type="text"/>
Household Supplies	<input type="text"/>	Other	<input type="text"/>
Deployed SM Expenses	<input type="text"/>	SAVINGS	<input type="text"/>

See reverse for reporting monthly debt payments

