



# 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)

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

See reverse for reporting monthly debt payments

