



## VA Debt Management

If not in the Wash, they'll get you in the Rinse

[Lee Washington- CVSO Manatee County](#)

# Objectives:

- Identifying the debt's origination
- What type(s) of debt are not handle by DMC?
- SHARE is your friend
- What's considered undue harm or financially unable to pay?
- Options of resolving a debt
- Expectations to the Veteran
- Document, Document, Document



# The Wash





# Identifying the Origin of the Debt

- ▶ For all intents and purposes, The Debt Management Center, Milwaukee Wisconsin handles all Veterans Benefits Administration (VBA) debts, to include old home loan and education debt.
- ▶ These are primarily related to overpayment of benefits (S/C or Pension), such as not updating marital/dependency status or failure to report additional income, especially when the claimant is receiving any provision of the non-service connected pension program. Such as, basic pension.
- ▶ With pension benefits being income and asset based programs. **ANY** adjustment in income, marital or dependency status and/or asset win falls (lottery or inheritance), must be report immediately.
- ▶ September 2017, VA (VBA, VHA, DMC) suspended active debt collection for areas impacted by the hurricane season.
- ▶ Veterans in the declared disaster areas were assessed no more than \$.01 per month until March 2018, when collection became active again.

# Identifying the Debt's Origination, cont'd (DMC Letter)



**DEPARTMENT OF VETERANS AFFAIRS**  
**Debt Management Center**  
Bishop Henry Whipple Federal Building  
P.O. Box 11930  
St. Paul, MN 55111-0930

JUNE 12, 2016

The Department of Veterans Affairs recently sent you a letter explaining that your entitlement to Compensation and Pension benefits had changed. As a result, you were paid **\$ 10,197.03** more than you were entitled to receive. Since you are currently receiving VA benefits, we plan to withhold those benefits until the amount you were overpaid is recouped. The withholding is scheduled to begin on September 2016.

#### **WHAT ARE YOUR RIGHTS?**

You have the right to dispute the debt and the right to request waiver. If you request waiver, you also have the right to request an oral hearing. **Information regarding these options is on the enclosed document entitled, Notice of Rights and Obligations. Read it carefully.**

#### **WHAT ARE YOUR OPTIONS?**

You can pay the debt in full within the next 30 days. Payment instructions are on the back of this letter. If you cannot afford to have your entire check withheld, contact us immediately. We will work with you to establish a reasonable payment schedule.

#### **WHERE DO YOU CALL IF YOU HAVE QUESTIONS?**

You can contact this office by calling toll-free, 1-800-827-0648. Our office hours are 7:30 AM to 6:00 PM Central Time. Please note we experience our highest call volumes on Mondays and throughout the first week of each month. By avoiding these peak times, you will minimize your wait time. Your call may be monitored to ensure quality information.

## Identifying the Debt's Origination, cont'd (SHARE)

If you can't determine the debt from either of these sources, the debt is either excluded from DMC purview or too new (*highly unlikely*)

Corporate Award and Rating Data

File Help

Person Military Claims/Denials Award/Ratings PreConvsn Master Rcd File Nbr [REDACTED] Name [REDACTED]

General Information Award Rating Information Additional Rating Decisions EVR Information Income/Expenses/ VR&E Information

Reqstd Frequency [REDACTED] Frequency Type Monthly Receivables Balance [REDACTED]

Retroactive Date [REDACTED] Last Paid Date 04/01/2018

Audit Related A/R [REDACTED] IG Reference Num [REDACTED]

Adaptive Auto Payment [N]

Asterisk Indicates Additional Reasons-Click [REDACTED]

Effctv Dt	Reason(s)	Entitlement	AA/HB	Spouse	MC	HC	SC	P	Altmt	Inc	Total	CRDP	CRSC
12/01/2017	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
12/01/2016	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
12/01/2014	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
08/01/2014	Retired Pay	Disability									[REDACTED]	[REDACTED]	[REDACTED]
03/01/2014	*Retired Pay	Disability									[REDACTED]	[REDACTED]	[REDACTED]
12/01/2013	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
12/01/2012	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
12/01/2011	Cost of Disability	Disability									[REDACTED]	[REDACTED]	[REDACTED]
07/01/2011	Retired Pay	Disability									[REDACTED]	[REDACTED]	[REDACTED]

03/23/2018 1:51 PM Production Print C&P Award-VETSNET Return to Selection Ready Exit



# Considerations To Keep In Mind When Requesting a Waiver

- ▶ For the purpose of such a determination, the Waiver Committee must consider all of the elements listed in 38 C.F.R. 1.965: the debtor's (and also VA's) degree of fault in the creation of the debt, any unjust enrichment to the debtor as a result of the debt and the detriment that the collection of the debt will cause the debtor (undue hardship/defeat the purpose of the benefit program)
- ▶ Such as, an A&A Veteran who notified the VA of the death of their spouse in November, but VA didn't work the claim until September of the following year.
- ▶ Any collection of debt would cause undue financial hardship to the Veteran. Possibly assuring his/her inability to pay their monthly ALF fees and face eviction.



# Options for Resolving a Debt

- ▶ The VA has a standard form for requesting debt resolution, VA Form 5655, Financial Status Report.
- ▶ This form is used to request **specifically**, a full waiver of the debt, an offer in compromise (agreement to pay a lower amount), repayment plan or “other”.
- ▶ The “other” relates to a notice of disagreement. More on that shortly.
- ▶ Box #3 is critical! Since the VA cannot guess at what the claimant is requesting, please ensure you discuss the options with the claimant and insert there, the type of request you’re applying for.



# VA FORM 5655

OMB Approved No. 2900-0165  
Respondent Burden: 1 hour

Department of Veterans Affairs		FINANCIAL STATUS REPORT	
1. SOCIAL SECURITY NO.		2. FILE NO.	
		3. SPECIFY WHY YOU ARE COMPLETING THIS FORM <i>(Waiver, Compromise, Payment Plan or Other)</i>	
<i>(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)</i>			
<p><b>PRIVACY ACT INFORMATION:</b> The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.</p> <p><b>RESPONDENT BURDEN:</b> VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.</p>			
SECTION I - PERSONAL DATA			
4. FIRST-MIDDLE-LAST NAME OF PERSON		5. ADDRESS <i>(Number and street or rural route, City or P.O. Box, State, and ZIP Code)</i>	
6. TELEPHONE NO. <i>(Include Area Code)</i>	7. DATE OF BIRTH (MM-DD-YYYY)	8. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS	
COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS			
KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER
	FROM	TO	
11. YOUR EMPLOYMENT EXPERIENCE			
		PRESENT TIME	
12. YOUR SPOUSE'S EMPLOYMENT			
		PRESENT TIME	
SECTION II - INCOME		SECTION III - EXPENSES	
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES
13. MONTHLY GROSS SALARY <i>(Before payroll deductions)</i>	\$	\$	18. RENT OR MORTGAGE PAYMENT
14. PAYROLL DEDUCTIONS			19. FOOD
A. FEDERAL, STATE AND LOCAL INCOME TAXES			20. UTILITIES AND HEAT
B. RETIREMENT			21. OTHER LIVING EXPENSES
C. SOCIAL SECURITY			
D. OTHER <i>(Specify)</i>			
E. TOTAL DEDUCTIONS <i>(Items 14A through 14E)</i>			
15. NET TAKE HOME PAY <i>(Subtract Item 14E from Item 13)</i>			
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME <i>(Specify source)</i>			22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS <i>(Include amount from Section VI, Line 34I - Column E.)</i>
17. TOTAL MONTHLY NET INCOME <i>(Item 15 plus Item 16)</i>	\$	\$	23. TOTAL MONTHLY EXPENSES
			\$
SECTION IV - DISCRETIONARY INCOME			
24A. NET MONTHLY INCOME LESS EXPENSES <i>(Item 17 less Item 23)</i>		24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT	
\$		\$	

# VA FORM 5655 PAGE 2

SECTION V - ASSETS					
25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.)			\$	28. U.S. SAVINGS BONDS (Current Value)	
26. CASH ON HAND				30. STOCKS AND OTHER BONDS (Current Value)	
27. AUTOMOBILES (Retail value)				31. REAL ESTATE OWNED (Retail value)	
MAKE	YEAR	MODEL		32. OTHER ASSETS (Specify below)	
29. TRAILERS, BOATS, CAMPERS (Retail value)			\$	33. TOTAL ASSETS	
				\$	
SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS					
NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. <b>DO NOT INCLUDE LIVING EXPENSES.</b>					
NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A.		\$	\$	\$	\$
34B.					
34C.					
34D.					
34E.					
34F.					
34G.					
34H.					
34I. TOTAL		\$	\$	\$	\$
NOTE: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.					
SECTION VII - ADDITIONAL DATA					
36A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION					
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 35B through 35D)					
35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)		35C. LOCATION OF COURT		35D. DOCKET NO. (If known)	
36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY					
SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED					
37A. YOUR SIGNATURE (Required)		37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE (Required)		38B. DATE SIGNED
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.					
BACK OF VA FORM 5655, JUN 2009 (RS)					

# Example VA Form 5655

OMB Approved No. 2900-0165  
Respondent Burden: 1 hour

Department of Veterans Affairs		FINANCIAL STATUS REPORT	
1. SOCIAL SECURITY NO. 801-99-7845		2. FILE NO. SS 801 99 7845	
		3. SPECIFY WHY YOU ARE COMPLETING THIS FORM <b>WAIVER</b> <i>(Waiver, Compromise, Payment Plan or Other)</i>	
<i>(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)</i>			
<p><b>PRIVACY ACT INFORMATION:</b> The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA2122, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.</p> <p><b>RESPONDENT BURDEN:</b> VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.</p>			
SECTION I - PERSONAL DATA			
4. FIRST-MIDDLE-LAST NAME OF PERSON LOMAN O TOTEMPOLE		5. ADDRESS (Number and street or rural route, City or P.O. Box, State, and ZIP Code) 321 ANYWHERE LN NOWHERE, FL 30221-1000	
6. TELEPHONE NO. (Include Area Code) 941-524-8741	7. DATE OF BIRTH (MM-DD-YYYY) 06/24/1976	8. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED	
9. NAME OF SPOUSE LOWOMAN O TOTEMPOLE		10. AGE(S) OF OTHER DEPENDENTS	
COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS			
KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER
	FROM	TO	
11. YOUR EMPLOYMENT EXPERIENCE			
Lawn Maintenance Tech	02/05	PRESENT	Got 2 Go Green Landscaping 2307 Shubbery Way Nocatee, FL 32081
12. YOUR SPOUSE'S EMPLOYMENT			
Paralegal	05/09	PRESENT	U Must Acquit Legal Services 4320 Shackle Ave Arcadia, FL 34266
SECTION II - INCOME		SECTION III - EXPENSES	
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$ 1600.00	\$ 1950.00	18. RENT OR MORTGAGE PAYMENT \$ 950.00
14. PAYROLL DEDUCTIONS			19. FOOD 275.00
A. FEDERAL, STATE AND LOCAL INCOME TAXES	110.00	135.00	20. UTILITIES AND HEAT 120.00
B. RETIREMENT	0.00	0.00	21. OTHER LIVING EXPENSES
C. SOCIAL SECURITY	12.53	15.10	Cell Phone 90.00
D. OTHER (Specify)	Health Ins 0.00	127.82	Car Insurance 115.00
E. TOTAL DEDUCTIONS (Items 14A through 14D)	122.53	277.92	Life Insurance 50.00
15. NET TAKE HOME PAY (Subtract Item 14E from Item 13)	1477.47	1672.08	Cable 225.00
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME (Specify source)	VA Disability 937.41	0.00	22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Include amount from Section VI, Line 24E - Column 5.) 1074.46
17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16)	\$ 2414.88	\$ 1672.08	23. TOTAL MONTHLY EXPENSES \$ 2899.46
SECTION IV - DISCRETIONARY INCOME			
24A. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23)		24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT	
\$ 1187.50		\$ 1187.50	

# Example VA Form 5655, pg. 2

SECTION V - ASSETS					
25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.)		\$ 450.00	28. U.S. SAVINGS BONDS (Current Value)		\$ 0.00
26. CASH ON HAND		50.00	30. STOCKS AND OTHER BONDS (Current Value)		0.00
27. AUTOMOBILES (Resale value)			31. REAL ESTATE OWNED (Resale value)		0.00
MAKE	YEAR	MODEL		32. OTHER ASSETS (Specify below)	
Chevy	2017	Malibu	15,500.00		
Chevy	2018	Silverado	25,000.00		
28. TRAILERS, BOATS, CAMPERS (Resale value)		\$ 0.00	33. TOTAL ASSETS		\$ 41,000.00

SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS					
NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. DO NOT INCLUDE LIVING EXPENSES.					
NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A. USAA Bank San Antonio, TX	01/18 Car loan	\$ 32,000.00	\$ 31,980.00	\$ 655.21	\$ 0.00
34B. Navy Federal CU Vienna, VA	05/17 Car Loan	26,500.00	24,500.00	327.25	0.00
34C. Capital One P O Box 1002 City of Industry, CCC	01/09	0.00	2,500.00	75.00	37.50
34D. Bass Pro Shops Springfield, MO	06/17 CC	0.00	250.00	17.00	0.00
34E.					
34F.					
34G.					
34H.					
34I. TOTAL		\$ 58,500.00	\$ 59,230.00	\$ 1074.46	\$ 37.50

NOTE: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in item 36.

SECTION VII - ADDITIONAL DATA	
35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 35B through 35D)	
35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)	35C. LOCATION OF COURT
35D. DOCKET NO. (If known)	
36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY. I am submitting this document in support of my request for waiver of my VA debt. I am unable to pay this debt in a timely fashion and it would cause undue stress to me and my family. I would like to add that I was never advised of needing to report my previous divorce.	

SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED			
37A. YOUR SIGNATURE (Required)	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE (Required)	38B. DATE SIGNED
	03/23/2018		03/23/2018

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

BACK OF VA FORM 5655, JUN 2009 (RS) Adobe Acrobat Designer 8.2

# Example-2 VA Form 5655

OMB Approved No. 2900-0165  
Respondent Burden: 1 hour

Department of Veterans Affairs		FINANCIAL STATUS REPORT	
1. SOCIAL SECURITY NO. 801-99-7845	2. FILE NO. SS 801 99 7845	3. SPECIFY WHY YOU ARE COMPLETING THIS FORM <i>(Waiver, Compromise, Payment Plan or Other)</i> Waiver	
<i>(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)</i>			
<p><b>PRIVACY ACT INFORMATION:</b> The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.</p> <p><b>RESPONDENT BURDEN:</b> VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.</p>			
SECTION I - PERSONAL DATA			
4. FIRST-MIDDLE-LAST NAME OF PERSON LOMAN O TOTEMPOLE		5. ADDRESS <i>(Number and street or rural route, City or P.O. Box, State, and ZIP Code)</i> 321 ANYWHERE LN NOWHERE, FL 30221-1000	
6. TELEPHONE NO. <i>(Include Area Code)</i> 941-524-8741	7. DATE OF BIRTH (MM-DD-YYYY) 06/24/1945	8. MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NOT MARRIED	
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS	
COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS			
KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER
	FROM	TO	
11. YOUR EMPLOYMENT EXPERIENCE			
N/A			
12. YOUR SPOUSE'S EMPLOYMENT			
SECTION II - INCOME		SECTION III - EXPENSES	
AVERAGE MONTHLY INCOME		AVERAGE MONTHLY EXPENSES	
SELF	SPOUSE		AMOUNT
13. MONTHLY GROSS SALARY <i>(Before payroll deductions)</i>	\$ 0.00	18. RENT OR MORTGAGE PAYMENT	\$ 975.00
14. PAYROLL DEDUCTIONS		19. FOOD	150.00
A. FEDERAL, STATE AND LOCAL INCOME TAXES	0.00	20. UTILITIES AND HEAT	85.00
B. RETIREMENT	0.00	21. OTHER LIVING EXPENSES	
C. SOCIAL SECURITY	0.00	Cell phone	100.00
D. OTHER <i>(Specify)</i>	0.00	Car Insurance	95.00
E. TOTAL DEDUCTIONS <i>(Items 14A through 14D)</i>	0.00	VA Copays	75.00
15. NET TAKE HOME PAY <i>(Subtract Item 14E from Item 13)</i>	0.00	Supp. Health Ins	98.00
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME <i>(Specify source)</i>	SSA and VA Pet 1358.00	22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS <i>(Include amount from Section VII, Line 34 - Column 6.)</i>	
17. TOTAL MONTHLY NET INCOME <i>(Item 15 plus Item 16)</i>	\$ 1358.00	23. TOTAL MONTHLY EXPENSES	\$ 1578.00
SECTION IV - DISCRETIONARY INCOME			
24A. NET MONTHLY INCOME LESS EXPENSES <i>(Item 17 less Item 23)</i>		24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT	
\$ -220.00		\$ 0.00	

VA FORM JUN 2009 (RS) **5655** Adobe Acrobat Designer 8.2

# Example-2 Cont'd

SECTION V - ASSETS					
25. CASH IN BANK (Checking and savings accounts, holding and loan accounts, etc.)		\$	1,500.00	29. U.S. SAVINGS BONDS (Current Value)	
26. CASH ON HAND		\$	0.00	30. STOCKS AND OTHER BONDS (Current Value)	
27. AUTOMOBILES (Resale value)				31. REAL ESTATE OWNED (Resale value)	
MAKE	YEAR	MODEL		32. OTHER ASSETS (Specify below)	
Ford	2009	F-150	3,500.00		
28. TRAILERS, BOATS, CAMPERS (Resale value)		\$	0.00	33. TOTAL ASSETS ▶	
				\$ 5,000.00	

**SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS**  
**NOTE:** Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

	NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A.			\$	\$	\$	\$
34B.						
34C.						
34D.						
34E.						
34F.						
34G.						
34H.						
34I. TOTAL ▶			\$	\$	\$	\$

**NOTE:** If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

**SECTION VII - ADDITIONAL DATA**

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION  
 YES  NO (If "Yes," complete Items 35B through 35D)

35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY) 02/03/07  
 35C. LOCATION OF COURT Tampa, FL  
 35D. DOCKET NO. (If known) FL05 3652 XC2

36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY.

**SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED**

37A. YOUR SIGNATURE (Required)	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE (Required)	38B. DATE SIGNED
	03/23/2018		

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



# Full Disclosure and Expectations

- ▶ It is highly recommended by Debt Management that the claimant be 100% honest in disclosing their overall ability to repay the debt. This will include answering the question of ever filing bankruptcy (section VII). It was shared that this question adds weight to the claimant's ability to repay.
- ▶ There is no "silver bullet" when requesting a waiver and/or repayment plan. Each request is addressed on their individual merit.



## Notice of Disagreement

- ▶ Should a claimant choose to refute the debt, use the same Notice of Disagreement form as used in any other claim, VA Form 21-0958.
- ▶ As the VSO, please add a 4138 as a cover, to better explain the claimant's reasoning behind the disagreement and forward both forms, along with any additional evidence to:
- ▶ I strongly suggest you send it in by mail and fax.

Debt Management Center

P.O. Box 11930

St. Paul, MN 55111-0930

Phone:

(800) 827-0648

(612) 713-6415

FAX:

(612) 970-5688

[dmc.ops@va.gov](mailto:dmc.ops@va.gov)


Hours of Operation:

6:30am—8:00pm (Central)





# Other Helpful Information

- ▶ For time sensitive or financial hardship concerns, please call the VSO Debt Management line: **(612)970-5737 (VSO ONLY)**
  - ▶ The VSO fax Line, for time sensitive and financial hardship concerns: **(612)713-6418 (VSO ONLY)**
- 



# Debts Excluded From DMC Jurisdiction

- ▶ Any debt related to healthcare, co-pays, recoupment of patient travel, etc. is not handled by the DMC and they cannot provide any input of resolving the debt.
- 



# VHA CPAC

## (Central Patient Account Center)

- ▶ Located physically at 2500 Lakemont Ave, Orlando, FL 32814 (Lake Baldwin area)
- ▶ Handles all VHA related debt for VISN-8, which includes Puerto Rico, Eglin AFB and the JACC in Pensacola (**these two are actually in VISN-16**)
- ▶ Debts related to VHA have very few similarities to DMC debt.
- ▶ VHA uses VA Form 1100 to establish a repayment, along with VA Form 5655, which is used to request a waiver.
- ▶ VA Form 1100 allows the Veteran to play more of a role when choosing a monthly repayment amount. Maximum of 36 months repayment, with a \$25 minimum.

# VA Form 1100

## Healthcare Related Debt

Department of Veterans Affairs		AGREEMENT TO PAY INDEBTEDNESS	
VA FILE NO. (Include letter prefix, if any)	PAYEE NO. (if known)	PERSON ENTITLED	RECEIVABLE CODE
1. I, _____, hereby acknowledge my _____ indebtedness to the Department of Veterans Affairs in the amount of \$ _____, which consists of principal, interest and other costs accrued as of this date, as a result of my participation in a benefits program administered by the Department of Veterans Affairs.			
<b>A. Complete only if repayment will be made by monthly payments to VA Agent Cashier.</b>			
I promise to repay the Department of Veterans Affairs by paying minimum monthly payments of not less than \$ _____, on or before the _____ day of each month beginning _____.			
I agree to mail monthly payment to the Agent Cashier Department of Veterans Affairs _____ <small>(Name and address of Department of Veterans Affairs station)</small>			
to arrive no later than the due date specified above.			
<b>B. Complete only if repayment will be through a payroll deduction plan.</b>			
I authorize a payroll deduction of \$ _____ per pay period, beginning with the salary check to be received on _____. This deduction shall remain in effect until the debt is liquidated.			
2. I understand that, at the option of the Department of Veterans Affairs, any future benefit payments due to me may be withheld in lieu of this repayment agreement until the indebtedness is liquidated.			
ADDRESS OF INDIVIDUAL COMPLETING THIS FORM <small>(No. and Street or Rural Route, City, State, ZIP Code)</small>			
SIGNATURE		DATE	



# How To Use VA Form 1100

- ▶ This form is straight forward in its request of information.
- ▶ VA Form 1100 can be used in connection with inpatient, outpatient and prescription related indebtedness.
- ▶ Waivers are only provided a 180 day grace period from inception. Meaning, from the date of billing, the Veteran has 180 days to request a waiver. Waivers are all-encompassing of healthcare debt, i.e. prescription, inpatient care, etc.
- ▶ After 180 days, repayment is the only option
- ▶ Hardship requests for waiver are excepted, but **only** on Inpatient and Outpatient debt.



# How To Submit Repayment?

- ▶ All correspondence to establish a repayment plan or request a waiver are to be submitted to the Orlando CPAC, (**mail is the only option for those who are not co-located in the facility**).
- ▶ Maximum of 36 months repayment, with a \$25 minimum. Payments must arrive between the 1<sup>st</sup> and 28<sup>th</sup> day of the month for accounting purposes.
- ▶ The first payment **MUST** be made by check or money order and it's suggested that it accompany the repayment request.
- ▶ Recurring monthly payments may be sent to the Atlanta, GA HEC (Health Eligibility Center), Patient Travel cashier at your VA Medical Center, over the phone or online at pay.gov

## Remittance of Payment

- Choice **A**. allows the Veteran to submit their payment on their own through the methods mention earlier, i.e. online.
- Choice **B**. would allow the CPAC to establish an off-set to the Veteran's VA monetary benefit payments.

Department of Veterans Affairs		AGREEMENT TO PAY INDEBTEDNESS	
VA FILE NO. (Include letter prefix, if any)	PAYEE NO. (if known)	PERSON ENTITLED	RECEIVABLE CODE
<p>1. I, _____, hereby acknowledge my _____ indebtedness to the Department of Veterans Affairs in the amount of \$ _____, which consists of principal, interest and other costs accrued as of this date, as a result of my participation in a benefits program administered by the Department of Veterans Affairs.</p> <p><i>(Name of Debtor)</i> <span style="float: right;"><i>(Type of Debt)</i></span></p> <p><b>A. Complete only if repayment will be made by monthly payments to VA Agent Cashier.</b></p> <p>I promise to repay the Department of Veterans Affairs by paying minimum monthly payments of not less than \$ _____, on or before the _____ day of each month beginning _____.</p> <p>I agree to mail monthly payment to the Agent Cashier Department of Veterans Affairs</p> <p>_____</p> <p><i>(Name and address of Department of Veterans Affairs station)</i></p> <p>to arrive no later than the due date specified above.</p> <p><b>B. Complete only if repayment will be through a payroll deduction plan.</b></p> <p>I authorize a payroll deduction of \$ _____ per pay period, beginning with the salary check to be received on _____. This deduction shall remain in effect until the debt is liquidated.</p> <p>2. I understand that, at the option of the Department of Veterans Affairs, any future benefit payments due to me may be withheld in lieu of this repayment agreement until the indebtedness is liquidated.</p>			
ADDRESS OF INDIVIDUAL COMPLETING THIS FORM <i>(No. and Street or Rural Route, City, State, ZIP Code)</i>			
SIGNATURE			DATE



# Oh By The Way...

- ▶ Veterans with debts from other VISNs, will need to establish a repayment within that jurisdiction, the debtor's account isn't updated when the Veteran moves. [The complete national list of CPACs will be provided via email.](#)
- ▶ CPAC suggest that the Veteran submit a new repayment request every 90 days. This ensures continuous enforcement of the previous repayment plan and also would merge any new debt into the plan.
- ▶ One sure fire way to avoid any undue charges for co-payments and/or medical visits, is to update your healthcare eligibility every year via VA Form 10-10EZR. This is a PDF document and unable to be completed online as in years prior. **DON'T ASSUME VHA WILL NOTIFY YOU OF ANY CHANGE**
- ▶ File the VA Form 10-10EZR when you file your annual income taxes. The financial information, including medical payments should be readily available to complete the form accurately and timely.





# Contact Information

Orlando CPAC  
Department of Veterans Affairs  
FCC PAC  
P.O. Box 140774 Bay Pines  
140773 James Haley  
140794 Gainesville  
140793 Miami  
140815 Orlando  
140814 Caribbean  
140813 West Palm Beach  
Orlando, FL 32814  
(866)793-4591, National Call Center

No VSO Hotline

No Fax

## The Rinse

Should the Veteran fail to address any of the covered material, there will be an off-set established...





