

PEACE CORPS

APPLICATION TO ALLOT OR WITHDRAW READJUSTMENT ALLOWANCE

NOTE: PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

A. REQUIRED INFORMATION		
1. SOCIAL SECURITY NO. _____	2. NAME <i>(Last, first, middle initial)</i> <small>(Please print carefully)</small> _____	3. COUNTRY _____
		4. PROGRAM NUMBER _____

B. ALLOTMENT	C. WITHDRAWAL
<i>(MONTHLY PAYMENTS ONLY)</i>	<i>(NON-MONTHLY OR SINGLE PAYMENT)</i>
5. AMOUNT OF MONTHLY PAYMENT \$ _____ <small>(At least \$15.00)</small>	8. AMOUNT PAYABLE \$ _____
6. NUMBER OF PAYMENTS <i>(At least 5)</i> _____ <small>(Note: If allotment is to run indefinitely or until your termination, write <u>99</u> in item 6 above)</small>	9. DATE PAYABLE: MONTH <i>(Spell out)</i> _____ Day _____ Yr. _____
7. FIRST ALLOTMENT PAYMENT DUE Mo. _____ Yr. _____	

D. DETAILED EXPLANATION FOR REQUEST
<p><i>(To be completed for all allotments and withdrawals)</i> CHECK ONE: <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ADDRESS <input type="checkbox"/> NEW ALLOTMENT FOR ITEM B:</p>

E. SIGNATURE OF APPLICANT
<p>_____</p> <p>PLACE <i>(Trng Site or Country of Service)</i> _____ FULL SIGNATURE _____ DATE _____</p>

F. ADDRESS OF PAYEE	<i>(FOR PC/W USE ONLY)</i>
<small><i>(Please condense each line of name and address to 25 spaces)</i> (Please print carefully)</small>	
COMPLETE NAME _____ U. S. ADDRESS _____ CITY _____ STATE _____ ZIP Code _____ ACCT/POLICY NO. _____ <small><i>(If applicable)</i></small>	DATE REC'D _____ <small style="margin-left: 100px;">Mo. Day Yr.</small> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DATE <i>(Mo.-Day-Yr.)</i> _____ APPROVING OFFICER _____