



Department of Veterans Affairs Debt Management Center (DMC)

Veterans Service Organization Presentation

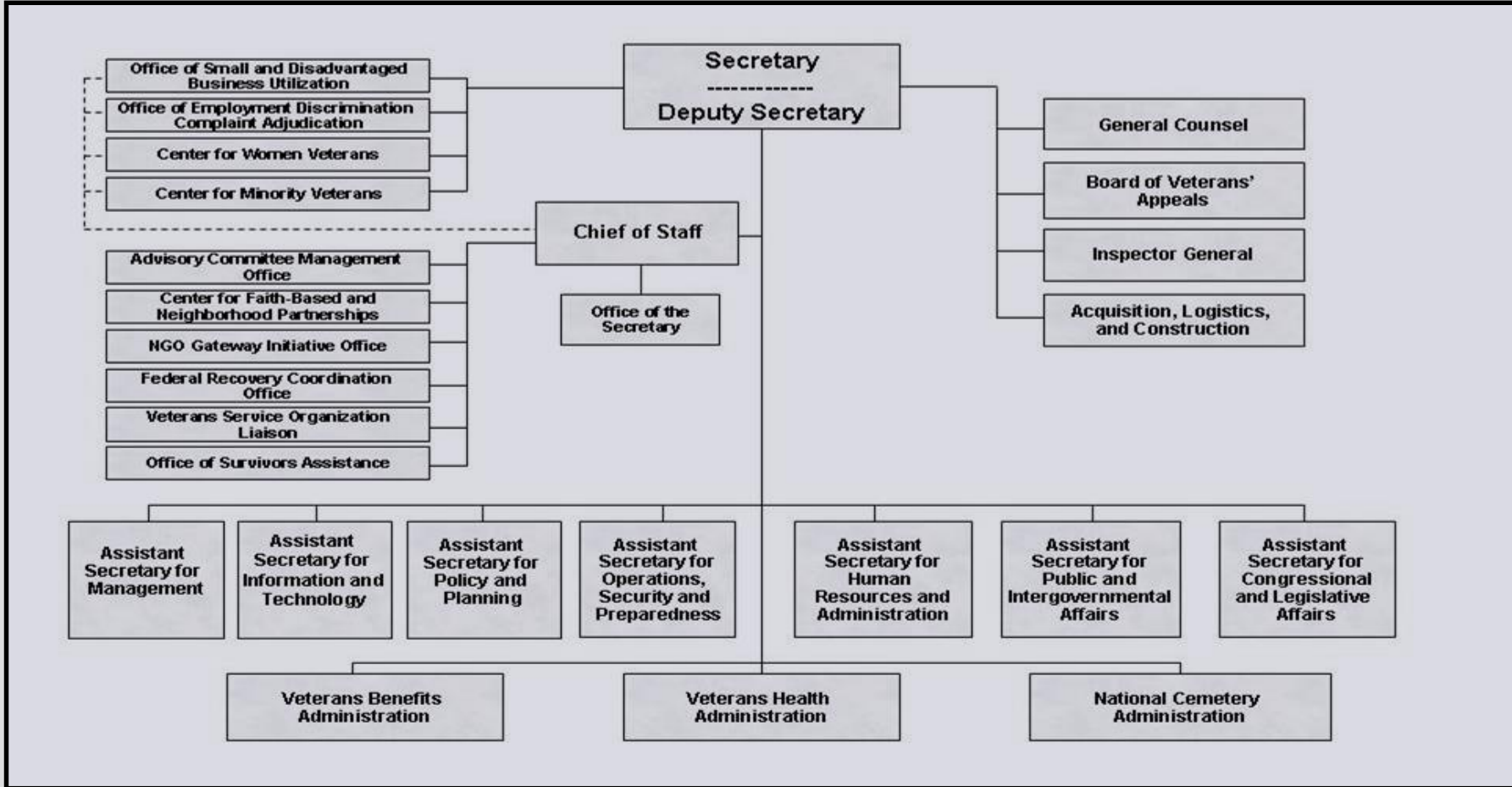


Purpose

- Provide an overview of DMC
- Explain why/how debts are established
- Provide updates on COVID-19 Relief
- Outline collection processes
- Discuss options to resolve a debt
- Communicate risks of non-payment
- Answer questions

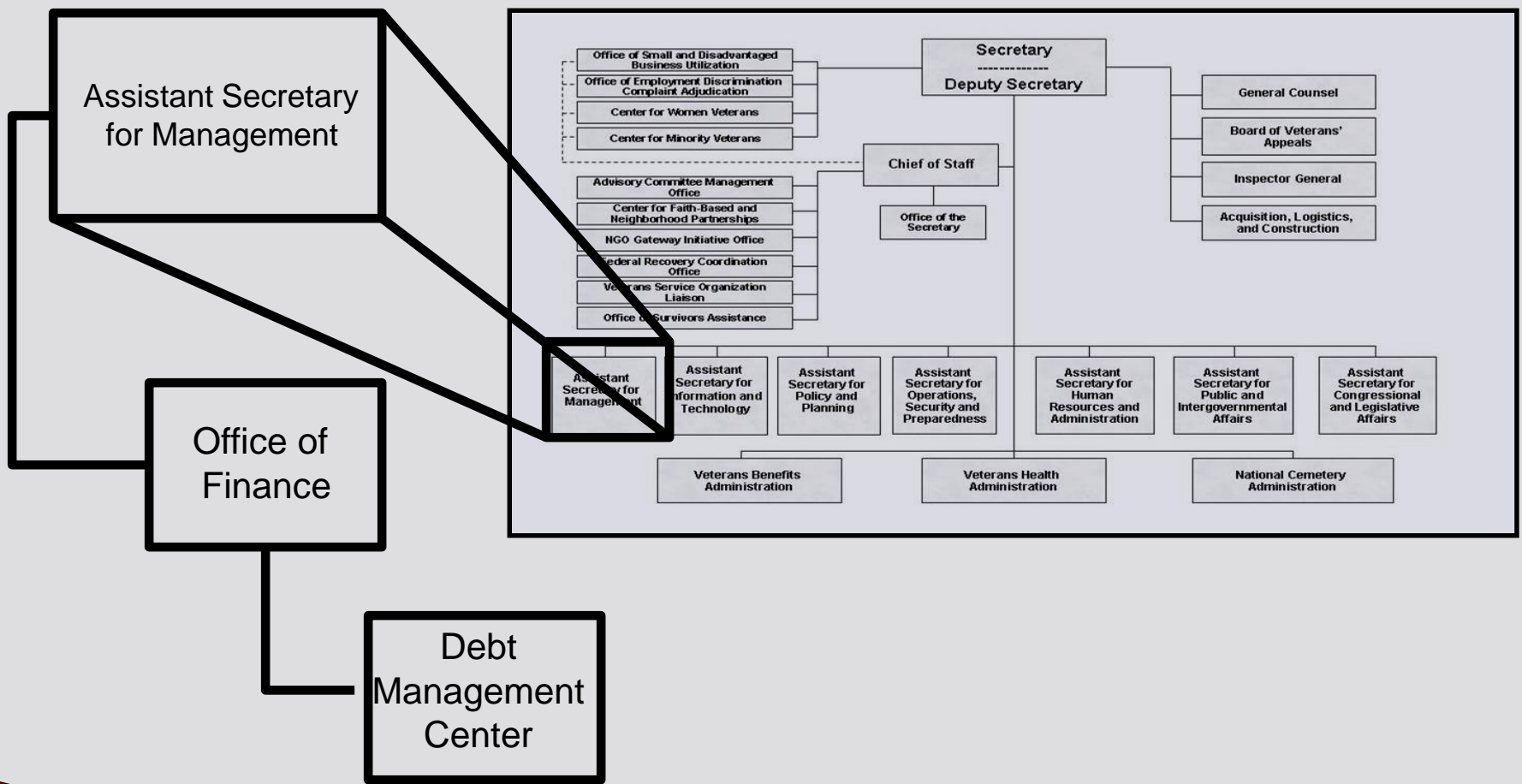


Organization Chart





Organization Chart





Overview

- DMC is a franchise fund aligned with VA's Office of Finance (OF) within the Office of Management (OM)
- Located in St. Paul, MN
- Provide accounts receivable services to VBA, VHA, NCA
- Collect \$1.6 billion annually
- Staff of 300 employees

DMC mission:
Provide distinctive, high quality accounts receivable services through a compassionate and value-added approach, empowering our stakeholders to focus on core missions.



Federal Debt Collection Laws

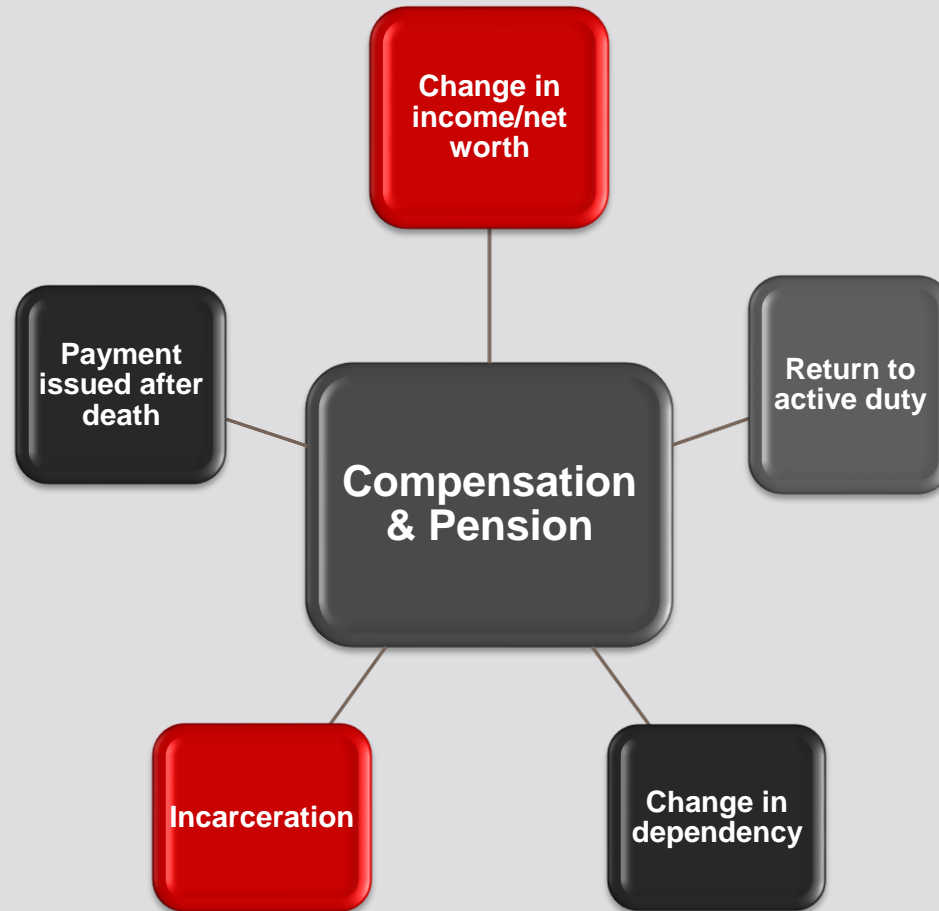
- ❑ **The Debt Collection Act of 1982**
 - Authority for collection by administrative offset

- ❑ **The Debt Collection Improvement Act (DCIA) of 1996**
 - Agencies required to refer delinquent non-tax debts to the Department of Treasury at 180 days

- ❑ **Digital Accountability and Transparency Act (DATA) of 2014**
 - Changed referral requirement for delinquent non-tax debts to the Treasury Offset Program (TOP) from 180 days to 120 days

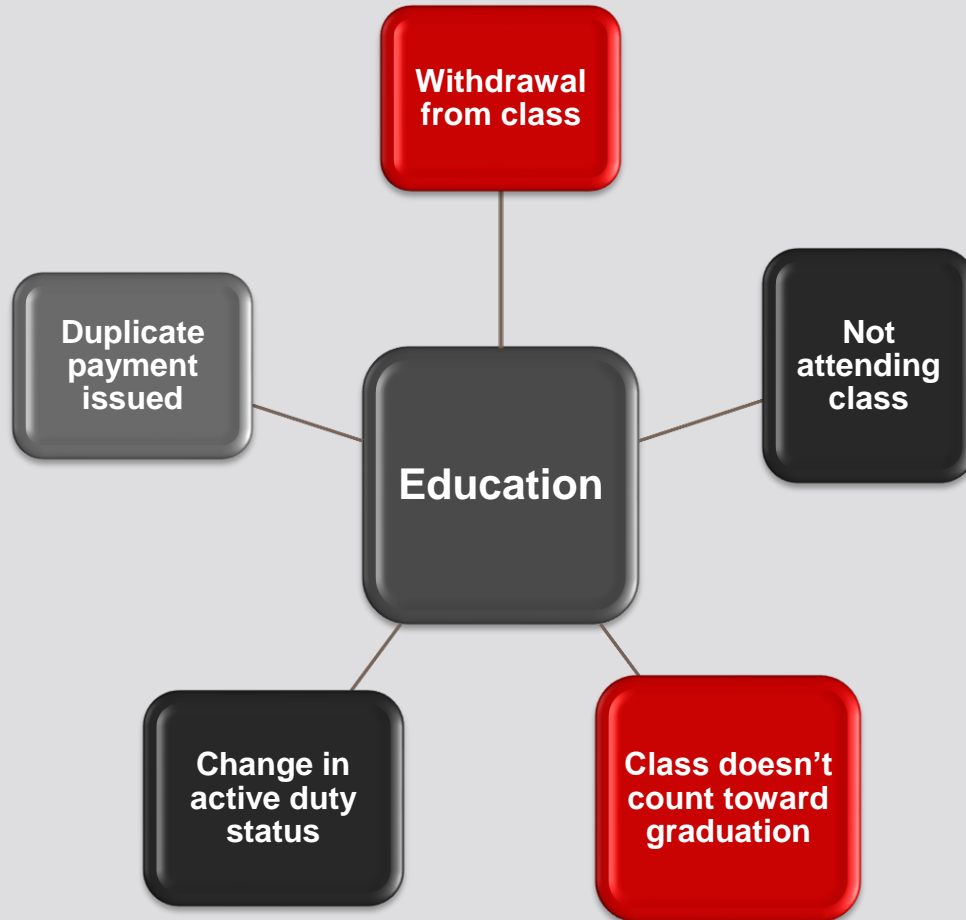


Debt Establishment





Debt Establishment





COVID-19 Relief

Options for Veterans with pre-existing debts who are financially unable to pay their debt due to COVID-19:

- Delay benefit offset or payments due until January 1st, 2021
- Extend repayment plan terms



COVID-19 Relief continued

- Collection action on new Veteran and beneficiary debts delayed. Institutions (schools) continue to receive the normal series of debt letters.**
- No referral to Credit Reporting Agencies or Credit Alert Interactive Voice Response System (CAIVRS). CAIVRS alerts lenders of VA debt and impacts federal home loan underwriting**
- All collection action on VA debts under the jurisdiction of the U.S. Department of the Treasury is suspended until after January 1, 2021**



Outreach and Updates

- VSO, SCO and Veteran emails
- VA texts and social media
- Borne the Battle Podcast
- DMC website: <https://www.va.gov/debtman/>



Initial Debt Notification

Compensation/Pension

Address information comes from Regional Office (RO) or Pension Center

Letter is sent 10 days after DMC receives debt

If debtor has active benefits, letter notifies benefits will be offset in 90 days

If debtor is not receiving benefits, letter advises debtor to contact DMC

Education

Address information comes from Education Regional Processing Office (RPO)

Letter is sent 10-30 days after DMC receives debt

Education benefit offset can begin 30 days after debt created

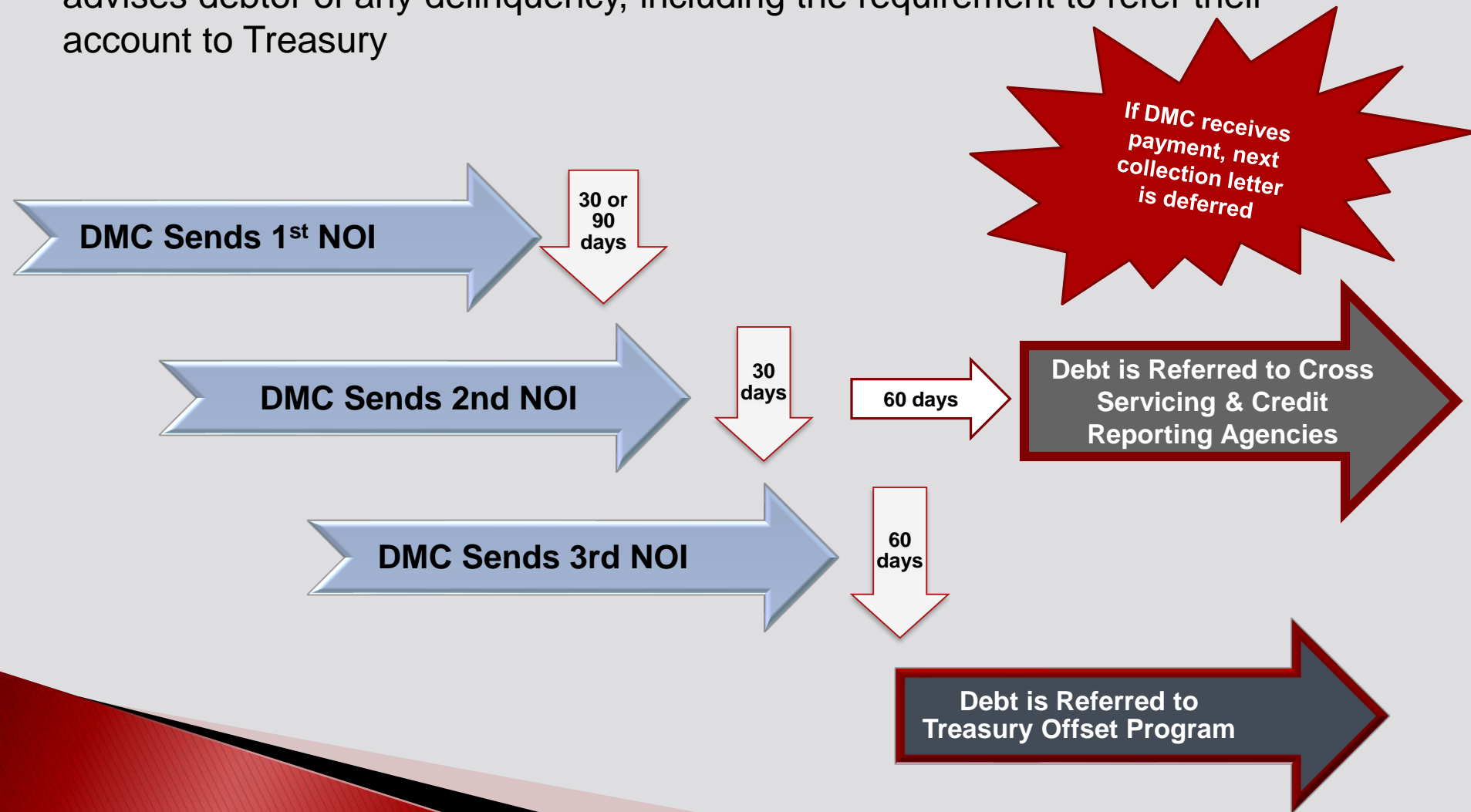
If Ed benefits not available, DMC provides 60 day notice before offset of other benefits

If debtor is not receiving benefits, letter advises debtor to contact DMC



Collection Process

DMC sends Notice of Indebtedness (NOI) letters, monitors accounts, and advises debtor of any delinquency, including the requirement to refer their account to Treasury





Notification Letter



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

File Number:
Payee Number:
Person Entitled:
Deduction Code:
Questions? <https://iris.cva.help.va.gov/spo/ask/>
(Please provide the information above on any IRIS correspondence)

The Department of Veterans Affairs recently sent you a letter explaining that your entitlement to benefits had changed. As a result, you were paid \$ 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.**

We are sorry for the inconvenience - we would like to work with you to take care of your debt. Please call our office at 1-800-827-0648 from 6:30 a.m. to 6 p.m. CT Monday through Friday, if you need help. Visit www.va.gov/debtman for Saturday availability.

If you have a question about where the debt came from or believe your benefit rate is incorrect, please call 1-888-442-4551 for education benefits or 1-800-827-1000 for other VA benefits. Even if newly submitted information may change your benefit rate, you still must choose from an option below to resolve the debt.

WHAT ARE YOUR OPTIONS?

We plan to withhold your full benefit amount until the debt is paid. You can also pay the debt in full within the next 30 days. Or, if you are financially unable to pay the full debt, you can request an extended monthly payment plan; request a waiver; or dispute the debt, if you feel it is not valid. Please see the back of this letter for more information. Interest may be charged at an annual rate of _____ percent and a monthly administrative collection fee of \$ _____ may also be charged. It is important to pay this debt within **30 days** of the date of this letter or tell us which option you choose.

PLEASE TAKE ACTION: Pay the Debt

You can pay the full debt in one payment by:

- Paying online at www.pay.va.gov. Click "Pay Online." You can choose between paying from your bank account or by credit card. You will find instructions on the web page.
- Using Visa, MasterCard, American Express, Discover, or Western Union "Quick Collect." For information about how to pay by credit card or Western Union, please call us at 1-800-827-0648.
- Sending a check or money order made out to "U.S. Department of Veterans Affairs." Please write your VA file number or Social Security number on the check. Please fill out the remittance form included with this letter and mail it, with your check or money order, in the return envelope.

FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT

| | |
|--------------------------------|---------------------------|
| Department of Veterans Affairs | PAYMENT REMITTANCE |
|--------------------------------|---------------------------|

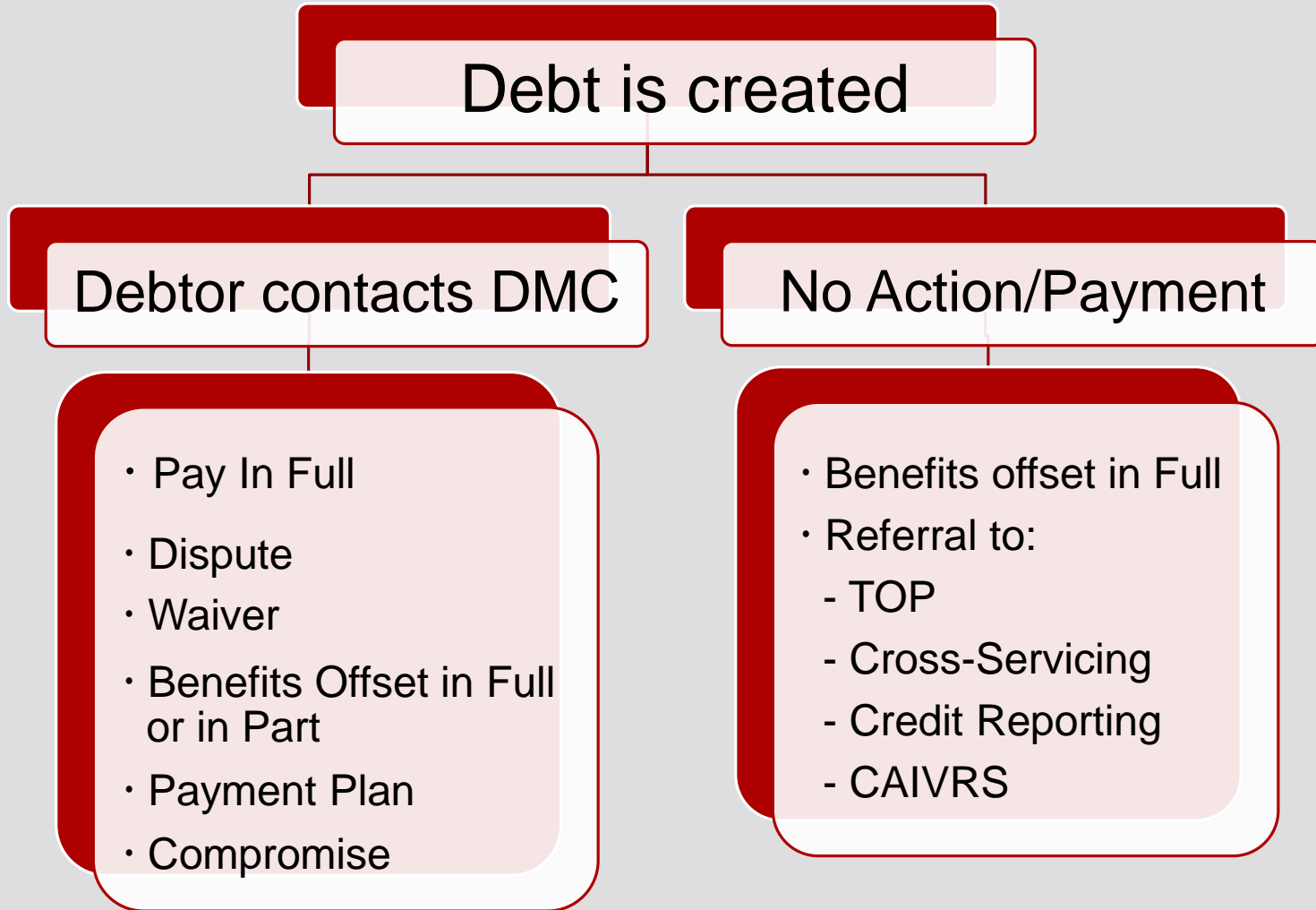
| | | | |
|------------------------------------------------------------|---|-------------------------------------------|----------------------------------------------------------------------------------------------------|
| * FILE NO. | ▶ | AMOUNT ENCLOSED | ENTER YOUR CURRENT ADDRESS BELOW ONLY IF THE ONE ABOVE IS INCORRECT, PLEASE INCLUDE YOUR ZIP CODE. |
| PAYEE NO. | ▶ | \$ | |
| PERSON ENTITLED | ▶ | YOUR TELEPHONE NO. (Include Area Code) | |
| DEDUCTION CODE | ▶ | | |
| * Please include this number on your check or money order. | | | |

FL 4-474a, JAN 2019





Debt Resolution Options





Pay in Full

- Pay by check: mail the check, payment coupon(s) and/or letter to:
 - VA Debt Management Center
 - Bishop Henry Whipple Federal Building
 - P.O. Box 11930
 - St. Paul, MN 55111-0930

- Pay online: www.pay.va.gov

- Pay by telephone: 800-827-0648



Dispute

- Debtor can dispute the existence or amount of the debt created by VBA
- Dispute must be in writing
- DMC forwards disputes to the Regional Office/Regional Processing Office of jurisdiction



Waiver

- Debtor has 180 days from date of first NOI letter to request waiver
- Request can be based on financial hardship and/or explain why not responsible for repaying debt
- Request must be:
 - Made in writing and submitted to DMC
 - Include VA Form 5655 Financial Status Report
 - If received in the first 30 days for Education or 90 days for C&P debt, collection action is suspended
- If the decision is less than a full grant, debtor has one year from the date of decision to appeal
 - Collection action continues during appeal process



Withholding VA benefits

- Automatic 12 month repayment plan for compensation and pension debts.
- Full amount of benefit payment will be withheld until debt is paid in full for education debts
- If debtor has a financial hardship, they must contact the DMC
- VA Form 5655, Financial Status Report, is required for any reduced withholding arrangement beyond 12 months



Compromise Offer

- Debtor should send letter to DMC indicating “compromise offer” and specifying amount
- Offer should be a “lump sum”
- Offer must include VA Form 5655
- DMC refers offers to the Committee on Compromises
- If offer is accepted, DMC will advise settlement terms

***** Payment should not be sent until the debtor receives a decision accepting the offer*****



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 (Waiver, Compromise, Payment Plan or Other)

(Type or print all entries. If more space is needed for any item, continue on the reverse side. Additional Data Item 28 or attach separate sheet)

PRIVACY ACT INFORMATION: 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 58VA11/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 58VA3244, 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.

RESPONDENT BURDEN: 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 1-800-677-0845 for mailing information on where to send your comments.

SECTION I - PERSONAL DATA

4. FIRST-MIDDLE-LAST NAME OF PERSON 5. ADDRESS (Number and street or rural route, City or P.O. Box, State, and ZIP Code)

6. TELEPHONE NO. (Include Area Code) 7. DATE OF BIRTH (MM-DD-YYYY) 8. MARITAL STATUS
 MARRIED 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 | AMOUNT |
|--------------------------------------------------------------------|------|--------|---------------------------------------------------------------------------------------------------------------------|--------|
| 13. MONTHLY GROSS SALARY (Before payroll deductions) | \$ | \$ | 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 (Specify) | | | | |
| E. TOTAL DEDUCTIONS (Items 14 through 14D) | | | | |
| 15. NET TAKE HOME PAY (Calculate Item 14E from Item 13) | | | 22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Include amount from Section VI, Line 24 - Column E.) | |
| 16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME (Specify source) | | | 23. TOTAL MONTHLY EXPENSES | \$ |
| 17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16) | \$ | \$ | | |

SECTION IV - DISCRETIONARY INCOME

24. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23) 24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT \$

VA FORM JUN 2009 (98) 5655

SECTION V - ASSETS

| | | |
|---------------------------------------------------------------------------------------|--------------------------------------------|----|
| 25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.) \$ | 29. 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) | |
| | | |
| 28. TRAILERS, BOATS, CAMPERB (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. **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. | | \$ | \$ | \$ | \$ |
| 34J. | | \$ | \$ | \$ | \$ |
| 34K. | | \$ | \$ | \$ | \$ |
| 34L. | | \$ | \$ | \$ | \$ |
| 34M. | | \$ | \$ | \$ | \$ |
| 34N. | | \$ | \$ | \$ | \$ |
| 34O. | | \$ | \$ | \$ | \$ |
| 34P. | | \$ | \$ | \$ | \$ |
| 34Q. | | \$ | \$ | \$ | \$ |
| 34R. | | \$ | \$ | \$ | \$ |
| 34S. | | \$ | \$ | \$ | \$ |
| 34T. | | \$ | \$ | \$ | \$ |
| 34U. | | \$ | \$ | \$ | \$ |
| 34V. | | \$ | \$ | \$ | \$ |
| 34W. | | \$ | \$ | \$ | \$ |
| 34X. | | \$ | \$ | \$ | \$ |
| 34Y. | | \$ | \$ | \$ | \$ |
| 34Z. | | \$ | \$ | \$ | \$ |
| 34. 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) 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 (98)



VA Form 5655, section I

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> | | | |
| PRIVACY ACT INFORMATION: The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt or 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 83VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the <u>Federal Register</u> . 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. | | | |
| RESPONDENT BURDEN: 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. | | | |
| 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 <i>(MM-DD-YYYY)</i> | 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 <i>(MM-YYYY)</i> | | NAME AND ADDRESS OF EMPLOYER |
| | FROM | TO | |
| 11. YOUR EMPLOYMENT EXPERIENCE | | | |
| | | PRESENT TIME | |
| | | | |
| 12. YOUR SPOUSE'S EMPLOYMENT | | | |
| | | PRESENT TIME | |
| | | | |

What is requested?



VA Form 5655, sections II-IV

| SECTION II - INCOME | | | SECTION III - EXPENSES | |
|------------------------------------------------------------------------------|------|--------|--------------------------------------------------------------------------------------------------------------------------------|--------|
| AVERAGE MONTHLY INCOME | SELF | SPOUSE | AVERAGE MONTHLY EXPENSES | AMOUNT |
| 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 14D)</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 B.)</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 JUN 2009 (R8) **5655**





VA Form 5655, section V

| SECTION V - ASSETS | | | | | | |
|------------------------------------------------------------------------------------|------|-------|--|--------------------------------------------|----|--|
| 25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.) | | \$ | | 29. U.S. SAVINGS BONDS (Current Value) | \$ | |
| 26. CASH ON HAND | | | | 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) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 28. TRAILERS, BOATS, CAMPERS (Resale value) | | \$ | | 33. TOTAL ASSETS | \$ | |



VA Form 5655, section VI

| 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 ▶ | | | \$ | \$ | \$ | |

Bring to front, Box 22



VA Form 5655, Section VII

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)

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 (R-8)

**Signature(s)
Required**



What if payment is not made?

No Action/Payment

- Benefits offset in Full
- Referral to:
 - TOP
 - Cross-Servicing
 - Credit Reporting
 - CAIVRS

- Future VA benefits awarded will be withheld to satisfy debt
- Department of Treasury
 - Offset of Federal payments
 - Referral to private collection agencies
 - Administrative Wage Garnishment Program
- Credit Alert Interactive Voice Response System (CAIVRS): system alerts lenders of VA debt and impacts federal home loan underwriting



Toolbox





VHA Debts

- DMC provides some collection services as a “behind the scenes” partner
- For questions, contact the Medical Billing Contact Center: 866-400-1238



At-Risk Veterans

- Veterans Crisis Hotline 1-800-273-8255
www.VeteransCrisisLine.net
- If the Veteran is homeless or is facing eviction, please let us know when you contact DMC
- VA's National Call Center for Homeless Veterans:
1-877-424-3838
- If a Veteran is having difficulty with a VA-guaranteed home loan, they can call 1-877-827-3702 to reach the nearest Loan Guaranty office



Become a Debt Superstar

www.va.gov/debtman

800-827-0648

Fax: 612-970-5688

<https://iris.custhelp.va.gov/app/ask/>

**DMC VSO ONLY:
612-970-5737**





DMC Presentation Survey

DMC values your time and feedback on our presentation. We would appreciate it if you're able to complete the survey below.

<https://www.surveymonkey.com/r/XFD7XGR>



Questions

