

FINANCIAL STATUS STATEMENT

Instructions: Type or print all entries. If more space is needed for any item, continue under Section VIII, Remarks, or attach separate sheet.

IMPORTANT: Read the Privacy Act Statement below before completing this form.

PRIVACY ACT STATEMENT

- AUTHORITY:** Federal Claims Collection Act 1966, Pub. Law 89-508, 80 Stat. 308 (Act of 19 Jul 66), 31 USC 951 et seq.
- PRINCIPAL PURPOSES:** This document is used by the debtor as a supporting paper for a request by him for approval of an installment repayment agreement. It is evaluated by agencies to determine an individual's financial resource and ability to meet installment obligations. The Social Security Number is used to identify the debtor for the purpose of verifying financial information supplied by the debtor.
- ROUTINE USES:** This document may be sent together with the Installment Repayment Agreement to the U. S. General Accounting Office, the Department of Justice, or to a United States Attorney pursuant to the collection effort. The Social Security Number will be used to identify the debtor (e.g., it may be released to former employers while an agency is verifying financial information supplied by the debtor).
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is voluntary. However, completion of this document is necessary before a proper evaluation of the individual's resources can be made. For example, a failure to supply a Social Security Number may prevent proper identification of the debtor resulting in the inability of the agency to verify financial information. Should the personal information requested not be provided, an Installment Repayment Agreement may not be approved.

SECTION I - PERSONAL DATA

1. NAME OF PERSON INDEBTED (First, Middle and Last)		2. PRESENT MAILING ADDRESS		
3. HOME TELEPHONE NUMBER	4. SOCIAL SECURITY NUMBER			
5. MARITAL STATUS	6. NAME OF SPOUSE (If applicable)			
7. NUMBER OF DEPENDENTS (excluding self) UNDER AGE 21, OR OVER 21 BUT A FULL-TIME STUDENT	8. NUMBER OF OTHER DEPENDENTS CLAIMED FOR FEDERAL			
9. COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE (If applicable) DURING PAST 2 YEARS (Start with present position and work back 2 years)				
KIND OF JOB (Mechanic, stenographer, etc.)		DATES (Month and Year)		NAME AND ADDRESS OF EMPLOYER
		FROM	TO	
SELF			Present time	
SPOUSE (If applicable)			Present time	

SECTION II - MONTHLY INCOME DEDUCTIONS (Average, if applicable)

SECTION III - AVERAGE MONTHLY EXPENSES

ITEM	SELF	SPOUSE	15. RENT OR MORTGAGE PAYMENT	\$
10. MONTHLY GROSS SALARY (Before payroll deductions)	\$	\$	16. FOOD	
11. DEDUCTIONS			17. UTILITIES AND HEAT	
a. FEDERAL, STATE AND LOCAL INCOME TAXES			18. TELEPHONE	
b. RETIREMENT			19. INSURANCE (Not included in 11d)	
c. SOCIAL SECURITY			20. CLOTHING	
d. OTHER (Specify)			21. MEDICAL (Nonreimbursable)	
e. TOTAL DEDUCTIONS (Lines 11a through 11d)			22. OTHER LIVING EXPENSES (Specify)	
12. NET TAKE-HOME PAY (Subtract Line 11e from Line 10)			23. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Total from Section VI, Column e)	
13. PENSION, COMPENSATION, OR OTHER INCOME (Specify)			24. TOTAL MONTHLY EXPENSES (Lines 15 through 23)	\$
14. TOTAL MONTHLY INCOME (Line 12 plus Line 13)	\$	\$		

SECTION IV - SUMMARY

25. COMBINED MONTHLY NET INCOME (Lines 14, total for self plus total for spouse)	\$	26. TOTAL MONTHLY EXPENSES (From line 24)	\$	27. BALANCE (Subtract Line 26 from Line 25)	\$
28. HOW MUCH OF THE BALANCE IN LINE 27 CAN YOU APPLY TO YOUR DEBT TO DLA ON A MONTHLY BASIS?	\$	29. IF TOTAL MONTHLY EXPENSES EXCEED MONTHLY INCOME, HOW DO YOU PAY THE DIFFERENCE?			

SECTION V - ASSETS

30. CASH IN BANK <i>(Checking and savings accounts, building and loan accounts, etc.)</i>	\$	35. U. S. SAVINGS BONDS <i>(Current value)</i>	\$
31. CASH ON HAND	\$	36. STOCKS AND OTHER BONDS <i>(Current value)</i>	\$
32. FURNITURE AND HOUSEHOLD GOODS <i>(Resale value)</i>	\$	37. REAL ESTATE OWNED <i>(Resale value)</i>	\$
33. AUTOMOBILES <i>(Resale Value)</i>	\$	38. OTHER ASSETS <i>(Itemize)</i>	\$
MAKE YEAR MODEL			
34. TRAILERS, BOATS, CAMPERS <i>(Resale value)</i>	\$	39. TOTAL ASSETS —————→	\$

SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

40. LIST BELOW ALL DEBTS WHICH YOU ARE REQUIRED TO PAY IN REGULAR MONTHLY INSTALLMENTS, SUCH AS CAR, TELEVISION, WASHING MACHINE, PAYMENTS TO DEALERS, BANKS, FINANCE COMPANIES, REPAYMENT OF MONEY BORROWED FOR ANY PURPOSE, DOCTOR AND HOSPITAL BILLS, ETC. ATTACH A LIST OF DEBTS WHICH CANNOT BE ITEMIZED BELOW AND ENTER SUBTOTALS FROM LIST ON LINE (5). DO NOT INCLUDE LIVING EXPENSES.

NAME AND ADDRESS OF CREDITOR <i>a</i>	DATE AND PURPOSE OF DEBT <i>b</i>	ORIGINAL AMOUNT OF DEBT <i>c</i>	UNPAID BALANCE <i>d</i>	AMOUNT DUE MONTHLY <i>e</i>	AMOUNT PAST DUE <i>(If any)</i> <i>f</i>
(1)		\$	\$	\$	\$
(2)					
(3)					
(4)					
(5) SUB-TOTAL FROM ATTACHED LIST					
(6) TOTAL —————→		\$	\$	\$	\$

1 If repayment of a debt is not on a monthly basis, write "0" in column e and describe arrangements to repay in Item 42, Remarks

SECTION VII - BANKRUPTCY DATA

41a. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes" complete Items 41b through 41d)</i>	41b. DATE DISCHARGED FROM BANKRUPTCY	41c. LOCATION OF COURT <i>(City and State)</i>	41d. DOCKET NUMBER, IF KNOWN
--	--------------------------------------	--	------------------------------

SECTION VIII - REMARKS

42. REMARKS *(Use this space and additional sheets, if necessary, to supply any other pertinent information and to continue your answer to previous Items. Indicate Item number(s) to which your comments apply.)*

SECTION IX - CERTIFICATION(S)

WARNING: Title 18, Sec. 1001, U. S. Code: "Whoever ***knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious or fraudulent statements or representations, ***shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

I (WE) AFFIRM that the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.

43a. YOUR SIGNATURE	43b. DATE	44a. SIGNATURE OF SPOUSE <i>(If applicable)</i>	44b. DATE
---------------------	-----------	---	-----------