

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL
EMERGENCY MANAGEMENT AGENCY
DEBT COLLECTION FINANCIAL STATEMENT

See reverse side for
Paperwork Burden
Notice

O.M.B. No. 1660-0011
Expires April 30, 2008

PRIVACY ACT STATEMENT

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Authority for solicitation of the requested information is 31 U.S.C. 3711 et seq. Debt Collection Act of 1982, Public Law 97-365 and Debt Collection Improvement Act of 1996, Public Law 104-134. The principal purpose for gathering this information is to evaluate your ability to pay the government's claim or judgement against you. Disclosure of the information is voluntary. If the requested information is not furnished, the Federal Emergency Management Agency has the right to such disclosure of the information by legal methods.

Solicitation of the Social Security Number (SSN) is authorized under the provisions of 31 U.S.C. 7701. The SSN is needed to facilitate the collection of delinquent debt. Pursuant to 31 U.S.C. 3711 FEMA is required to transfer delinquent debts over 180 days old to the Department of the Treasury (Treasury) for collection. Once the debt is submitted to Treasury for collection, the debtor's name and SSN will be subject to computer matching with sources of payments that may be due the debtor. Treasury will reduce or withhold any of debtor's eligible Federal payments by the amount of the debt. Treasury may also refer the debt to the Department of Justice, a private debt collection agency, and report debtor information to a consumer credit reporting agency.

NAME OF DEBTOR			NAME OF SPOUSE	
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DATE OF BIRTH	HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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COMPLETE ADDRESS (Including zip code and county)	COMPLETE ADDRESS (Including zip code - Complete if different from spouse)
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MARITAL STATUS	NO. OF CHILDREN (give age(s))	NO. OF DEPENDENTS (Other than children)
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NAME OF EMPLOYER	NAME OF EMPLOYER
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ADDRESS	ADDRESS
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POSITION (Give No. of years there)	GROSS INCOME (Hr., Mo., yr.) \$	POSITION (Give No. of years there)	GROSS INCOME (Hr., Mo., yr.) \$
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OTHER INCOME (Source)	INCOME (Mo.) \$	OTHER INCOME (Source)	INCOME (Mo.) \$
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HOUSING						
<input type="checkbox"/> RENT BY MO.	MO. PYMT. or RENT	YR. PUR.	COST	MKT. VALUE	AMT. MORTGAGE	
<input type="checkbox"/> OWN (Title in Name of):	\$		\$	\$	\$	

DO YOU OWN ANY REAL ESTATE? <input type="checkbox"/> NO <input type="checkbox"/> YES	DO YOU OWN ANY STOCK OR BONDS? <input type="checkbox"/> NO <input type="checkbox"/> YES (Value)					
Address (Include county)	AMT. OWNED	MKT. VALUE	MO. PYMT.	AMT. OWNED	MKT. VALUE	MO. PYMT.
	\$	\$	\$	\$	\$	\$

CAR(S) OWNED (Make, Model & Year)	AMT. OWED	MO. PAYMENT
	\$	\$
	\$	\$

NAME OF BANK(S) (Include Address and account number)	HOW DO YOU PROPOSE TO PAY YOUR DEBT TO THE UNITED STATES?
<input type="checkbox"/> CHECKING - AVG BALANCE \$	I WILL PAY:
<input type="checkbox"/> SAVINGS - BALANCE \$	\$ per Mo. beginning ,20
	I WILL PAY:
	a Lump Sum of \$ on ,20

NAME OF CREDITORS (Use reverse side if more space is needed)	AMT. OWED	MO. PAYMENT	AMT. PAST DUE
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$

WARNING

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

I Declare Under the Penalties Provided for by Title 18, Section 1001 of the U.S. Code that all Answers and Statements Contained Herein Are to the Best of Knowledge and Belief, True, Correct, and Complete.

Signature

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

"Public reporting burden for this form is estimated to average 45 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid O.M.B. control number. Send comments regarding the accuracy of the burden estimate or any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0011). Please do not send your completed form to this address.