

APPLICATION TO SERVE ON ADVISORY BOARD, BODY, PANEL, COMMITTEE, OR GROUP Consumer Financial Protection Bureau

You are being considered for a position as a representative on an Advisory Board, Body, Panel, Committee or other similar group (generally, "Advisory Group") of the Consumer Financial Protection Bureau (CFPB). Please complete and submit this questionnaire as part of the application and selection process for the Advisory Group. CFPB will use this information to perform a background check, conduct a conflict of interest review, and perform other similar due diligence activities associated with your application and possible selection as a representative on the Advisory Group. CFPB will use the information you provide only for these purposes or other purposes authorized by law, or as outlined under the attached Privacy Act Statement. Please ensure that the information you provide is complete and accurate.

BACKGROUND INFORMATION

Name of Advisory Group to which you are applying to be a representative.				
Name (<i>Print last, first, middle initial</i>)		E-mail Address		
Position/Title		How long at employer?		
Employer	Address			
Work Phone	Cell Phone	Other		
Place of Birth	Date of Birth	Social Security Number <small>*Voluntary - See Privacy Act</small>		
List your business or professional experience not listed on your resume.				
Identify your area of expertise. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Consumer protection <input type="checkbox"/> Financial services <input type="checkbox"/> Community development <input type="checkbox"/> Fair lending and civil rights <input type="checkbox"/> Consumer financial products or services </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Depository institution primarily serving underserved communities <input type="checkbox"/> Representing communities that have been significantly impacted by higher-priced mortgage loans <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Consumer protection <input type="checkbox"/> Financial services <input type="checkbox"/> Community development <input type="checkbox"/> Fair lending and civil rights <input type="checkbox"/> Consumer financial products or services	<input type="checkbox"/> Depository institution primarily serving underserved communities <input type="checkbox"/> Representing communities that have been significantly impacted by higher-priced mortgage loans <input type="checkbox"/> Other _____
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List education and any specialized experience not listed on your resume.				
List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory group.				

List any Federal advisory committee or any board on which you are currently a member and the number of years you have served on that committee or board.

1. **Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonment longer than one year).**
 - Yes – Please explain on the attached continuation sheet.
 - No

2. **Are you a US citizen?**
 - Yes
 - No

If no, do you have permanent residency status?

 - Yes
 - No

3. **Have you been a party to a civil or criminal action involving a financial institution or service provider?**
 - Yes – Please explain on the attached continuation sheet.
 - No

4. **Are you now or have you in the last year been subject to the registration and reporting requirements of the Lobbying Disclosure Act (2 U.S.C. 1605)?**
 - Yes – Please explain on the attached continuation sheet.
 - No

5. **Are you currently engaged in any business before the CFPB?**
 - Yes – Please explain on the attached continuation sheet.
 - No

6. **Have you failed to pay any tax, penalty, or interest liability during the current or last three calendar years within forty-five (45) days of the date of which the IRS gave notice of the amount due and request for payment?**
 - Yes – Please explain on the attached continuation sheet.
 - No

7. **Have you now or ever been under investigation by the IRS for possible criminal offenses?**
 - Yes – Please explain on the attached continuation sheet.
 - No

FINANCIAL DISCLOSURE

Part I: Assets and Income

Please list the following types of Assets and Income in the boxes provided below for yourself, your spouse and any dependent children.

Assets held for investment with a value greater than \$1,000 as of the date you sign this form OR assets held for investment that produced more than \$200 in income during the 12-month period prior to the date you sign this form. Such assets include:

- Stocks, bonds, annuities, trust holdings, partnership interests, life insurance, investment real estate, or a privately-held trade or business
- Sector mutual funds: those funds invested in a particular industry, business, or location such as ABC Electronics Fund or XYZ Canada Fund (report the full name of the fund, not just the general family fund name)
- Holdings of retirement plans, such as 401(k)s or IRAs
 - (list each holding *except* diversified mutual funds)
- Holdings of investment life insurance
- Holdings of variable annuities
- Defined benefit pension plans provided by a former employer (include the name of the employer)

You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.

Definitions

Diversified Mutual Fund – A mutual fund that does not have a stated policy of concentrating its investments in one industry, business, or single country other than the United States.

Sector Mutual Fund – A mutual fund that concentrates its investments in an industry, business, single country other than the United States, or bonds of a single state within the United States.

Dependent Child – A son, daughter, stepson or stepdaughter who is either unmarried and under age 21 and living in the filer’s house, **or** considered dependent under the U.S. tax code.

Specific stock, bond, sector mutual fund, type/location of real estate, etc. (Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name. Asset value is <u>not</u> required.)	
1	
2	
3	
4	

Part II: Affiliations and Representations

Please list all relationships outside your current employer, in which you represent the interests of a party, or you or your affiliates receive from a party a fee, income, or any other benefit.

Name of Entity; Nature of Relationship or Affiliation <i>(Include brief description.)</i>	
1	
2	
3	
4	
5	
6	

Part III: Liabilities

Please list the following types of Liabilities in the boxes provided below for yourself, your spouse and any dependent children

- A liability over \$10,000 owed at any time during the 12-month period prior to the date you sign this form, other than a loan from a financial institution or business entity granted on terms made available to the general public such as a trading margin account or other loans from financial institutions offered on terms not available to the general public
- A loan over \$10,000 from an individual, such as a friend or a business associate

Do not include:

- Any liability, such as a mortgage, a student loan, or a credit card account, from a financial institution or business entity granted on terms made available to the general public
- Loans secured by automobiles, household furniture, or appliances, unless the loan exceeds the purchase price of the item it secures
- Liabilities that you owe to your spouse or to the parent, sibling, or child of you, your spouse, or your dependent child

Liabilities

Name of creditor <i>(include city and state where creditor is located)</i>	Type of liability <i>(personal loan, margin account, etc.)</i> <small>Exact amount of liability is not required</small>
1	
2	
3	

Part IV: Positions You Hold With Boards, Advisory Councils, and Other Similar Groups

Please list all positions currently hold *or held at any time during the past two years*, whether or not you were compensated and whether or not you currently hold that position. Positions include an officer, director, employee, trustee, general partner, proprietor, representative, executor, member, or consultant of any of the following:

- Corporation, partnership, trust, or other business entity
- Non-profit or volunteer organization
- Educational institution
- Any government or industry advisory board or council

Do not list any position with a

- Religious entity
- Social entity
- Fraternal entity
- Political entity
- Any position held by your spouse or dependent child

Positions You Hold or Have Held

Organization <i>(include city and state where organization is located)</i>	Type of organization	Position	Years Held
1			
2			
3			
4			

Privacy Act Statement

The information that you provide will be used by the Consumer Financial Protection Bureau (CFPB) to determine qualifications, suitability, and availability for service on advisory boards, bodies, panels, committees or other similar groups. The information will be used to conduct background clearances and/or for annual reports on advisory boards, bodies, panels, committees or other similar groups. The information will be used by and disclosed to employees, contractors, agents, and others authorized by the CFPB to receive this information to assist in related activities. The information may also be disclosed to:

- (1) Appropriate agencies, entities, and persons when: (a) the CFPB suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (b) the CFPB has determined that, as a result of the suspected or confirmed compromise, there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the CFPB or another agency or entity) that rely upon the compromised information; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the CFPB's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm;
- (2) Another federal or state agency to (a) permit a decision as to access, amendment or correction of records to be made in consultation with or by that agency, or (b) verify the identity of an individual or the accuracy of information submitted by an individual who has requested access to or amendment or correction of records;
- (3) To the Office of the President in response to an inquiry from that office made at the request of the subject of a record or a third party on that person's behalf;
- (4) Congressional offices in response to an inquiry made at the request of the individual to whom the record pertains;
- (5) Contractors, agents, or other authorized individuals performing work on a contract, service, cooperative agreement, job, or other activity on behalf of the CFPB or Federal Government and who have a need to access the information in the performance of their duties or activities;
- (6) The U.S. Department of Justice ("DOJ") for its use in providing legal advice to the CFPB or in representing the CFPB in a proceeding before a court, adjudicative body, or other administrative body before which the CFPB is authorized to appear, where the use of such information by the DOJ is deemed by the CFPB to be relevant and necessary to the litigation, and such proceeding names as a party or interests:
 - (a) The CFPB;
 - (b) Any employee of the CFPB in his or her official capacity;
 - (c) Any employee of the CFPB in his or her individual capacity where DOJ has agreed to represent the employee; or
 - (d) The United States, where the CFPB determines that litigation is likely to affect the CFPB or any of its components;
- (7) To the public in the form of names, affiliations, and other pertinent biographical information of board or committee members; and
- (8) Appropriate agencies, entities, and persons to the extent necessary to obtain information relevant to making a determination of whether an individual is eligible to serve on a CFPB board or committee.

The collection of this information is authorized by Pub. L. No. 111-203, Title X, sections 1011, 1012, 1014, codified at 12 U.S.C. §§ 5491, 5492, 5494. Providing your identifying information is voluntary, but not doing so may result in non-selection of a prospective advisory board, body, panel, committee, or other similar group membership. However, failure to provide your Social Security number may not be the reason for non-selection.

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-XXXX. It expires on MM/DD/YYYY. The time required to complete this information collection is estimated to average approximately 60 minutes per response, including the time for reviewing any instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection of information is voluntary. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_Public_PRA@cfpb.gov.

The Bureau will not disclose any personally identifiable information collected except to the extent that it is required to do so by law and as provided in the Privacy Act Statement listed above. Additionally, the Bureau will treat the information collected consistent with its confidentiality regulations at 12 C.F.R. Part 1070, *et seq.*

I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

Signature	Date (mm/dd/yy)
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Continuation Sheet to Form

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on this form. When you have completed your answers, attach to this form.

Name (Last, First, Middle) _____

Social Security Number _____