

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**DEBT COLLECTION FINANCIAL STATEMENT**

**O.M.B. No. 1660-0011**  
**Expires June 30, 2014**

**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 these forms. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number and expiration date is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0011). **NOTE: Do not send your completed form to this address.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301; The Federal Records Act, 44 U.S.C. 3101; The Homeland Security Act of 2002, Public Law 107-296, 6 U.S.C. 121; Public Law 89-508; Federal Claims Collection Act of 1966, 31 U.S.C. 3701; and Executive Order 9373. Solicitation of the Social Security Number (SSN) is authorized under the provisions of 31 U.S.C 7701.

**PRINCIPAL PURPOSE(S):** This information is to evaluate debtor's ability to pay the government's claim or judgement.

**ROUTINE USE(S):** In general, DHS/FEMA will only use this information as stated above. DHS/FEMA may share this information on a case-by-case basis as required by law or as necessary for a specific purpose, as described in the routine uses found in the Accounts Receivable System of Records Notice, DHS/ALL-008, (October 17, 2008, 73 FR 61885). Pursuant to 31 U.S.C 3711, the Federal Emergency Management Agency (FEMA) is required to transfer delinquent debts over 180 days old to the Department of the Treasury (Treasury) for collection. When the debt is submitted for collection, the debtor's name and SSN will be shared with Treasury with sources of payments that may be due the debtor. Treasury will reduce or withhold any of the 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/or report debtor information to a consumer credit reporting agency.

**DISCLOSURE:** The disclosure of information on this form is voluntary. If the requested information is not furnished, FEMA has the right to such disclosure of the information by legal methods.

**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 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 my Knowledge and Belief, True, Correct, and Complete.*

\_\_\_\_\_

Signature \_\_\_\_\_  
Date

NAME OF DEBTOR			NAME OF SPOUSE	
DATE OF BIRTH	HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
COMPLETE ADDRESS (Including zip code and county)			COMPLETE ADDRESS (Including zip code - Complete if different from spouse)	
MARITAL STATUS	NUMBER OF CHILDREN (give age (s))	NUMBER OF DEPENDANTS (other than children)		
NAME OF EMPLOYER			NAME OF EMPLOYER	
ADDRESS			ADDRESS	
POSITION (No. of years there)	SALARY (Hr., Mo., Yr.) \$		POSITION (No. of years there)	SALARY (Hr.,Mo., Yr.) \$
OTHER INCOME (Source)	OTHER INCOME (Mo.) \$		OTHER INCOME (Source)	OTHER INCOME (Mo.) \$

HOUSING     RENT BY MONTH     OWN (Title in Name of): \_\_\_\_\_

MO. PYMT. or RENT \$ \_\_\_\_\_ YR. PUR. \_\_\_\_\_ COST \$ \_\_\_\_\_ MKT. VALUE \$ \_\_\_\_\_ AMT. MORTGAGE \$ \_\_\_\_\_

DO YOU OWN ANY OTHER REAL ESTATE? Address (Include county)     NO     YES \_\_\_\_\_    DO YOU OWN ANY STOCK OR BONDS?

AMT. OWED \$ \_\_\_\_\_ MKT. VALUE \$ \_\_\_\_\_ MO. PYMT. \$ \_\_\_\_\_     NO     YES (Value) \$ \_\_\_\_\_

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CAR(S) OWNED <i>(Make, Model, &amp; Year)</i> _____ _____	AMT. OWED \$ _____ \$ _____	MO. PYMT \$ _____ \$ _____
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NAME OF BANK(S) <i>(Include Address and account number)</i> <input type="checkbox"/> CHECKING - AVG BALANCE    \$ _____ _____ <input type="checkbox"/> SAVINGS - BALANCE         \$ _____	HOW DO YOU PROPOSE TO PAY YOUR DEBT TO THE UNITED STATES? I WILL PAY: \$ _____ per month beginning _____ 20, _____ I WILL PAY: a Lump Sum of \$ _____ on _____ 20, _____
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NAME OF CREDITORS <i>(Use reverse side if more space is needed)</i>	AMOUNT OWED	MONTHLY PAYMENT	AMOUNT PAST DUE
1.			
2.			
3.			