

Page 1	HOUSING RENT BY MONTH OWN (Title in Name of) _____	
Page 1	MO. PYMT. OR RENT \$ ____ YR.PUR ____ COST\$ ____ MKT VALUE \$ ____ AMT MORTGAGE \$ ____	
Page 1	DO YOU OWN ANY OTHER REAL ESTATE? Address (include county) No Yes DO YOU OWN ANY STOCK OR BONDS	
Page 1	AMT OWED\$ ____ MKT VALUE\$ ____ MO PYMT.\$ ____ NO YES (Value) \$ ____	
Page 2	CAR(S) OWNED (make, Model & Year)/AMT. OWED/ MO. PYMT	Instructions:
Page 2	<p>_____/ \$ _____ / \$ _____</p> <p>_____/ \$ _____ / \$ _____</p> <p>NAME OF BANK(S) (include Address and account number)/ HOW DO YOU PROPOSE TO PAY YOUR DEBT TO THE UNITED STATES?</p> <p>CHECKING - AVG BALANCE \$ _____ / \$ _____ per month beginning ____ 20, ____</p> <p>SAVINGS - BALANCE \$ _____ / I WILL PAY: a Lump Sum of \$ ____ on ____ 20, ____</p>	<ol style="list-style-type: none"> Complete all blocks. Write "N/A" in blocks that do not apply. Use additional sheets if necessary. Must provide with this financial statement: <ol style="list-style-type: none"> Copies of our last 2 paystubs Entire last Federal Tax return - All schedules required for filing or sign the statement below, stating that you are not required to file a tax return; and Last monthly bank statement for all monetary accounts. Non-FEMA Employees submit this for and supporting documentation to Fax:800-827-8112 or Mail: National Processing Service Center, P.O. Box 10055, Hyattsville, MD 20782-8005 Current and Former FEMA Employees submit this form and supporting documentation to Fax: 540-504-2288 or Mail: FEMA Finance Center, Accounts Receivable, P.O. Box 9001, Winchester, VA 22604
Page 2	NAME OF CREDITORS (Use reverse side if more space is needed)/ AMT OWED / MONHTLY PAYMENT/AMOUNT PAST DUE 1. _____ / _____ / _____ / _____ 2. _____ / _____ / _____ / _____ 3. _____ / _____ / _____ / _____	I, _____, certify that I am not required to file a tax return. _____ Signature Date
Page 2		PERSONAL INFORMATION
Page 2		NAME OF DEBTOR/NAME OF SPOUSE/PARTNER
Page 2		DATE OF BIRTH/SOCIAL SECURITY NUMBER/DATE OF BIRTH/SOCIAL SECURITY NUMBER
Page 2		MARITAL STATUS / BEST NUMBER AND TIME TO REACH YOU Phone Number Time
Page 2		COMPLETE ADDRESS (Including zip code)/ ADDRESS (Complete if different from spouse)
Page 2		COUNTY or PARISH/ COUNTY or PARISH
Page 2		NAME OF DEPENDENTS (Include only dependents that can be claimed on your tax return) - explain any difference / AGE / RELATIONSHIP (child, parent, etc.)/ Contributes to household income - select one _____/ _____ / _____ / YES NO _____/ _____ / _____ / YES NO _____/ _____ / _____ / YES NO _____/ _____ / _____ / YES NO
Page 3		EMPLOYMENT INFORMATION
Page 3		PRESENT EMPLOYER'S NAME (Attach last 2 pay stubs) / PRESENT EMPLOYER'S NAME (SPOUSE/PARTNER)(Attach last 2 pay stubs)
Page 3		POSITION HELD & NO. OF YEARS / POSITION HELD & NO. OF YEARS

Page 3		OTHER INCOME Enter Monthly Gross Income (Include information for yourself, spouse, partner, children and anyone else who contributes to your household income.) ** Attach entire Schedule C and /or Schedule E from your Federal Tax Return. NAME NAME NAME NAME
Page 3		Each of these types are listed on separate lines: **Self-Employment, Commissions, Tips, Interest Income, Dividend Income, **Rental Income, **Business Income, Unemployment Compensation, Pensions, Annuities, Other Retirement, Alimony Received, Child Support, Other Income (list type), Other Income (list type), Other Other Income (list type), Income (list type)
Page 4		BENEFITS Enter Monthly Benefit Amount (Include information for yourself, spouse, partner, children and anyone else who contributes to your household income.
Page 4		Attach Benefits Statement(s) / NAME / NAME / NAME / NAME
Page 4		Each of these types are listed on separate lines: Social Security Disability (SSD or SSDI), Supplemental Security Income (SSI), Disability, SNAP, Food Stamps , Rental Assistance , Other:_____**Each benefit line has 4 columns to input for each individual contributing to household income
Page 4		FOOD, CLOTHING & OTHER EXPENSES
Page 4		(Enter Monthly Expense Amount)
Page 4		(Include information for yourself, spouse, partner, children and anyone else who
Page 4		EXPENSE TYPE/ COST PER MONTH/ EXPENSE TYPE/ COST PER MONTH
Page 4		Food / \$ / Housekeeping Supplies / \$
Page 4		Apparel & Services / \$ / Personal Care Products & Services
Page 4		HEALTH CARE EXPENSES - OUT OF POCKET
Page 4		(Enter Monthly Expenses Amount)
Page 4		(Include information for yourself, spouse, partner, children and anyone else who
Page 4		EXPENSE TYPE/ COST PER MONTH/ EXPENSE TYPE/ COST PER MONTH
Page 4		Medical Premiums/ \$ / Medical Supplies/ \$
Page 4		Prescription Drugs / \$ / Medical Co-Pays/Deductibles/ \$
Page 5		HOUSING & UTILITY EXPENSES
Page 5		(Enter Monthly Expenses Amount)
Page 5		(Include information for yourself, spouse, partner, children and anyone else who
Page 5		EXPENSE TYPE/ COST PER MONTH/ EXPENSE TYPE/ COST PER MONTH
Page 5		Each of these types are listed on separate lines: Mortgage or Rent Payment \$ Water/Sewer \$/ Insurance (only if not included in mortgage) \$ Garbage Collection/
Page 5		OTHER EXPENSES
Page 5		(Enter Monthly Expenses Amount)
Page 5		(Include information for yourself, spouse, partner, children and anyone else who
Page 5		EXPENSE TYPE/ COST PER MONTH/ EXPENSE TYPE/ COST PER MONTH
Page 5		Each of these types are listed on separate lines: SBA Loan \$ Child Support (court
Page 5		TRANSPORTATION EXPENSES
Page 5		(Enter Monthly Expenses Amount)
Page 5		(Include information for yourself, spouse, partner, children and anyone else who
Page 5		EXPENSE TYPE/ COST PER MONTH/ EXPENSE TYPE/ COST PER MONTH

Page 5		Public Transportation / \$ / Other: _____ / \$
Page 5		VEHICLES: (Make, Model & Year) / Monthly Lease or Loan Payment / Balance Due on Loan
Page 6		PROPERTY AND OTHER ASSETS
Page 6		HOUSING: Do you Rent by Month? _ Yes _ No
Page 6		IF YOU OWN YOUR HOME: Address: _____ Market Value: \$ _____ Mortgage Balance _____
Page 6		DO YOU OWN OTHER REAL ESTATE (other than primary residence _ Yes _ No Address: _____ Market Value: \$ _____ Mortgage Balance \$ _____ Address: _____ Market Value: \$ _____ Mortgage Balance \$ _____
Page 6		DO YOU OWN STOCKS, BONDS or OTHER ASSETS? (Do not include Tax Deferred Retirement Accounts) Type/Account: _____ \$ _____ (Value) Type/Account _____ \$ _____ (Value) Type/Account: _____ \$ _____ (Value) Type/Account _____ \$ _____ (Value)
Page 6		CASH ACCOUNTS
Page 6		CHECKING _____ \$ _____ (Bank name, Address, and Account Number) (Average Balance) SAVINGS _____ \$ _____ (Bank name, Address, and Account Number) (Average Balance) OTHER _____ \$ _____ (Bank name, Address, and Account Number) (Average Balance)
Page 6		HOW DO YOU PROPOSE TO PAY YOUR DEBT TO THE UNITED STATES? Provide the below information in the even your financial evaluation finds that you are eligible for a payment plan. We can not guarantee that your monthly payment will be the amount you propose.
Page 6		I WILL PAY \$ _____ PER MONTH BEGINNING _____ (Date)

Page 4	Type/Account: _____ \$ _____ (Value) Type/Account: _____ \$ _____
Page 4	Type/Account: _____ \$ _____ (Value) Type/Account: _____ \$ _____
Page 4	CASH ACCOUNTS
Page 4	(Include information for yourself, spouse, partner, children and anyone else who contributes to your household income.
Page 5	CHECKING:(Bank Name, Address and Account Number) _____/(Average Balance)\$ _____
Page 5	SAVINGS:(Bank Name, Address and Account Number) _____/(Average Balance)\$ _____
Page 5	OTHER:(Bank Name, Address and Account Number) _____/(Average Balance)\$ _____
Page 5	HOW DO YOU PROPOSE TO PAY YOUR DEBT TO THE UNITED STATES?
Page 5	I WILL PAY\$ _____ PER MONTH BEGINNING _____ (Date)
Page 5	If you require additional space to answer any questions, please include the information on a separate sheet of paper and attach to this form