

Debt Resolution Program Financial Statement

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0483
(Exp. 07/31/2019)

See the Public Reporting Burden and Privacy Act statements on the back before completing this form

| | |
|--|------------------|
| To: U.S. Department of Housing and Urban Development Debt Management Center | FHA Claim Number |
| | Date |

For the purpose of inducing you to give favorable consideration to my (our) circumstances, I (we) submit the following information to you by U.S. Mail. I (we) certify that the information exactly and fully reflects my (our) financial status—assets, liabilities, income and expenses, as of the date the statement is executed.

| | | | |
|-------------------|-----|-------------------|--------------------|
| Name(s) & Address | Age | No. of Dependents | Ages of Dependents |
|-------------------|-----|-------------------|--------------------|

| | |
|---|---------------------------------|
| 1. Employment: Employer's Name & Address | 2. Pensions |
| Position | Civil Service \$ _____ Per |
| Salary \$ _____ Per | Social Security \$ _____ Per |
| Other members of family employed | Other \$ _____ Per |
| Income \$ _____ Per | \$ _____ Per |

| | | | | | | | |
|--------------------------------------|------------------|-------------------------|-----------------|------------------|-----------------------|-------------------|----------------------------------|
| 3. Monthly Household Expenses | | | | | | | |
| Rent \$ _____ | Food \$ _____ | Electricity \$ _____ | Gas \$ _____ | Heat \$ _____ | Telephone \$ _____ | Other \$ _____ | Total HSHD. Expenses \$ _____ |

| | |
|---|--|
| 4. Assets | 5. Debts |
| Cash (on hand and in banks) \$ _____ | Bills owed (grocery, doctor, utilities, etc.) \$ _____ |
| Name and address of Bank where account is carried | Installment accounts payable (itemize under Schedule A) \$ _____ |
| _____ \$ _____ | Notes payable (itemize under Schedule B) \$ _____ |
| _____ \$ _____ | Other debts (list) |
| Furniture, car, etc. \$ _____ | _____ \$ _____ |
| U.S. Saving Bonds \$ _____ | _____ \$ _____ |
| Other Securities \$ _____ | _____ \$ _____ |
| Other Assets (list below) | _____ \$ _____ |
| _____ \$ _____ | _____ \$ _____ |
| _____ \$ _____ | _____ \$ _____ |
| _____ \$ _____ | _____ \$ _____ |

| | | | | |
|--|-------------------------|-----------------|---------------------|------------------|
| 6. Schedule A: Installment Accounts: To Whom Owed (Include FHA Loans) | Amount of Original Debt | Present Balance | Payments Delinquent | Monthly Payments |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total | | | | \$ _____ |

| | | | |
|---|-------------------------|-----------------|-----------------|
| 7. Schedule B: Notes Payable: To Whom Owed | Amount of Original Debt | Monthly Payment | Present Balance |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

| | | | | | |
|---|-----------------------|-------------|----------------|-------------------------|----------------------|
| 8. Life Insurance: Name of Company | Face Amount of Policy | Beneficiary | Annual Premium | Amt. Borrowed on Policy | Cash Surrender Value |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

| | | | | | |
|-------------------------------|--------------------|---|---|-----------------------------------|--------------------------------|
| 9. Real Estate Owned* Address | | Type (house, business bldg., etc.) | | Name & Address of Mortgage Holder | |
| Original Amount of Mortgage | Present Balance | Interest Rate | Terms of Payment (monthly, quarterly, etc.) | Amount of Payment | In Whose Name is Title? |
| \$ | \$ | \$ | \$ | \$ | |
| Present occupant | | If rented, amount being paid | | To whom is rent paid | Are mortgage payments current? |
| | | \$ Per | | | If delinquent, how much? |
| | | | | | \$ |
| Fire insurance carried | | Date of Expiration | Loss payable to | | |
| \$ | | | | | |
| Annual taxes | Taxes paid to date | If delinquent, indicate years and amounts | | | I value this property at |
| \$ | \$ | | | | \$ |

If you own more property, answer on a separate sheet the questions listed above for each parcel.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties.

(18 U.S.C. §§ 287, 1001 and 31 U.S.C. §3729)

| | | |
|------------------------|-----------|------|
| Social Security Number | Signature | Date |
| | | |
| Social Security Number | Signature | Date |
| | | |

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is used by HUD to evaluate: (a) the debtor's ability to pay the debt in full; (b) the ability to pay the debt in installments; and/or (c) justification for a compromise. Failure to collect the information would result in uneducated decisions in respect to the handling of debtor accounts. The Federal Claim Collection Standards states: If the agency's files do not contain reasonably up-to-date credit information as a basis for assessing a compromise, such information may be obtain from the individual debtor by obtaining a statement executed under penalty of perjury showing the debtor's assets and liabilities, income and expenses. The information is used to evaluate the individual debtor's financial position for the purpose of establishing payment plans and/or compromise settlements. This information is voluntary. The debtors are protected by the Privacy Act of 1974.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect all the requested information by 80 Stat.309, Section 3(b). The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the Social Security Number (SSN). It will be used as a basis for assessing your ability to repay this debt. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law or to appropriate Federal, state and local agencies, and when relevant to civil, criminal or regulatory investigations and/or prosecutions. The provision of the SSN is mandatory. Failure to provide some or all of the information may result in legal action to collect the debt.

Completion of this form is not required. However, the information requested is required to obtain benefits. Please fill out this form or provide the information in another format.