

## Financial History Questionnaire

Last Name:	First Name:	Middle Name:	Suffix:	SSN (last 4 digits):
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The Department of Justice (*DOJ*) and the Bureau of Alcohol, Tobacco, Firearms and Explosives (*ATF*) have specific regulations and policies that an individual must comply with so they can be granted access to ATF information, information technology (*IT*) systems, and/or unescorted access to ATF facilities. To ensure compliance with these regulations and policies, you must respond to the questions below, and sign and date this questionnaire in the certification section. If you do not wish to respond to these questions, please sign and date in the declination section below.

Federal regulations state that all just financial obligations must be satisfied. This includes debts imposed by law and debts not imposed by law. ATF also considers non-filing of Federal and/or State tax returns as violations of Federal regulations regarding just financial obligations.

- Delinquent debts imposed by law are liabilities required to be satisfied by law or legal decision, regardless of the number of days past due. Types of debts imposed by law include, but are not limited to, court ordered judgments, Federal/State taxes, student loans, child support, and liabilities listed in the public record section of a credit report.
- Delinquent debts not imposed by law are liabilities that are 120 days or more past due, that are not required to be satisfied by law or legal decision. Types of debts not imposed by law include, but are not limited to, installment loans, consumer loans, and credit cards. These debts also include repossessions, collections, and charge-offs.
- Non-filing of Federal and/or State tax returns is exceeding the legal deadline or approved extension date to file a tax return, regardless of whether the individual believes taxes are owed or a refund is due.

If you are currently responsible for a delinquent debt or have exceeded the deadline date for filing a tax return, you must be able to provide evidence of resolution measures by submitting proof of payment, participation in and compliance with a payment plan, filing and acceptance of the past due tax return and/or legal remedy.

**Instructions for Responding to the Questions Below:**

1. If you are currently delinquent on any debt, you must answer "Yes" to question 1, respond to questions 2 –10 regarding the delinquent debt, and also to question 11.
2. If you are delinquent on more than one debt, you must make additional copies of this form (*Financial History Questionnaire*) and prepare one copy for each debt that is delinquent. (*If applicable, you must complete one form for each delinquent account with the same creditor.*)
3. If you are not currently delinquent on any debt, respond "No" to question 1 and only respond to question 11.
4. If your response to question 11 is "Yes", complete only question 14 (*if applicable*).
5. If your response to question 11 is "No", complete questions 12 through 14 (*if applicable*).
6. Sign and date this form in the certification section.

1. Are you currently delinquent on any debt? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, respond to questions 2 through 10 for each account.	
2. Name and Address of Creditor:	3. Account Number:
	4. Type of Debt ( <i>e.g., Federal or State taxes, medical service, charge account, education loan</i> ):
5. Account Status ( <i>check one</i> ): 120 days or more past due <input type="checkbox"/> Repossession <input type="checkbox"/> Charged off to bad debt <input type="checkbox"/> Foreclosure <input type="checkbox"/>	6. Public Record or Other Information: Collection <input type="checkbox"/> Lien <input type="checkbox"/> Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other: _____
7. Amount Past Due:	8. Total Balance Owed:
9. Do you intend to pay or resolve this debt? Yes <input type="checkbox"/> No <input type="checkbox"/>	9a. If you answered "Yes" to question 9, provide an explanation of how and when you will pay or resolve this debt.
9b. If you answered "No" to question 9, provide an explanation.	

10. What steps have you taken to satisfy or otherwise resolve this debt?

- a. Paid debt in full on (*Month/Day/Year*): \_\_\_\_\_ (*Proof of payment must be attached.*)
- b. Negotiated a bonafide payment plan on (*Month/Day/Year*): \_\_\_\_\_  
(*Provide details of the payment plan, attach a copy of the plan/agreement, and if applicable, attach proof of any plan/agreement payments made.*)

- c. Disputed the debt.  
*(Provide details of the dispute and attach a copy of any correspondence documenting your dispute and the written acknowledgment/acceptance from the creditor/credit bureau.)*
- d. Debt is included in bankruptcy or other/legal proceedings.  
*(Provide a copy of court case documents, and filing forms, etc.)*
- e. None.  
*(If you have not made any attempts to resolve this debt, explain why not.)*

11. Have you filed all Federal, State, and other tax returns required by law or ordinance? Yes  No  *(If no, respond to questions 12 and 13.)*

12a. What type(s) of tax returns did you not file?

12b. Tax year(s) of returns you did not file:

12c. Reason(s) you did not file:

13. Do you intend to file? Yes  No  *(Provide an explanation below)*

13a. If yes, provide an explanation of how and when you will file.

13b. If no, provide an explanation.

14. Additional information/comments.

**Certification of Financial History Questionnaire:** My responses to the above questions are true and correct to the best of my knowledge and belief and are made in good faith. I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my employment or service opportunities with ATF.

Signature:

Date:

**Declination to Complete Financial History Questionnaire:** I hereby decline to answer the above questions. I understand that by doing so, ATF will make a determination of my eligibility for employment or service opportunities with ATF based on the information available.

Signature:

Date:

**Privacy Act Statement**

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- Authority.** Solicitation of this information is made pursuant to Executive Orders 13764 and 13467. Disclosure of this information by the individual is voluntary.
- Purpose.** To determine the eligibility of the individual for employment or service opportunities with ATF.
- Routine Uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this Privacy Act Statement. This information becomes a part of the permanent personnel security record of all candidates and is included in Internal Security Record System - Justice/ATF-006 (68 FR 3555-6) and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment or service opportunities with ATF.
- Effects of Not Supplying the Information Requested.** Failure to supply complete information may require ATF to make a determination of the individual's eligibility for employment or service opportunities with ATF based on the information available.
- Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The number may be used to verify the individual's identity.

**Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 843).

The estimated average burden associated with this collection is 10 per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Resource Management Staff, Contract and Forms Section, Bureau of Alcohol, Tobacco, Firearms, and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.