

**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. 11/30/2022)

Public Reporting Burden and Privacy Act Statements on Page 2 should be fully reviewed 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
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1. Employment: Employer's Name & Address	2. Pensions
Position	Civil Service \$ _____ Per
Other members of family employed	Social Security \$ _____ Per
Salary \$ _____ Per	Other \$ _____ Per
Income \$ _____ Per	\$ _____ Per

3. Monthly Household Expenses

Rent \$	Food \$	Electricity \$	Gas \$	Heat \$	Telephone \$	Other \$	Total HSHD. Expenses \$
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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	
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 \$ Per		To whom is rent paid	Are mortgage payments current?
					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, correct, and accurate. **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. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden should be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th St, SW, Rm 4176, Washington, DC 20410-5000. 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 obtained 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:

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

Authority: The Debt Collection Improvement Act of 1996 (Pub. L. 104-134, 5 U.S.C. 5514, 31 U.S.C. 3701 et seq.), as amended; The Federal Claims Collection Act of 1966 (Pub. L. 89-508) and Debt Collection Act of 1982 (Pub. L. 97-365); 31 C.F.R. 285; 24 C.F.R. Part 17, Subpart C; 80 Stat. 309, Section 3(b); The Housing and Community Act of 1987, 42 U.S.C. 3543(a), authorizes HUD to collect the Social Security Number (SSN); 12 U.S.C. 1703(c) authorizes the collection, compromise, and sale of debt obligations to HUD in connection with the payment of FHA loans.

Purpose: HUD's mission is to provide effective and efficient servicing to maximize the recovery of debts and minimize losses arising from FHA loan programs. The purpose for collecting this information is to support activities related to the collection of debts resulting from defaults on HUD/FHA insured Title I loans and from other HUD/FHA loans.

Routine Use: The information collected on this form will be used by HUD to collect this debt and assess your ability to repay. Information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law to appropriate Federal, state, and local agencies when relevant to debt collection, payment offsets, and reporting; to civil, criminal, or regulatory investigations and/or prosecutions; to your employer to issue wage garnishment order; to third party debt purchasers for relevant asset sale transactions; to appropriate agencies, entities, and persons to mitigate a breach or related incident. Information may also be used by HUD for computer matching for verification purpose.

Disclosure: Completion of this form is voluntary and not required. You may object to this information request by refusing to complete the form. You may withhold your consent to specific uses of your information by withholding that information. However, the information requested is required to obtain benefits.

SORN URL: <https://www.govinfo.gov/content/pkg/FR-2007-11-13/pdf/E7-22077.pdf>