

STATEMENT OF FINANCIAL STATUS

AMOUNT YOU ARE PROPOSING TO PAY EACH MONTH: \$ \_\_\_\_\_

COUNTY IN WHICH YOU LIVE: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME, ADDRESS \_\_\_\_\_  
AND PHONE \_\_\_\_\_  
NUMBER OF YOUR \_\_\_\_\_  
CURRENT \_\_\_\_\_  
EMPLOYER(S) \_\_\_\_\_

NUMBER OF DEPENDENTS (AS DEFINED BY IRS) INCLUDING SELF: \_\_\_\_\_  
MARITAL STATUS (MARRIED, SINGLE, DIVORCED) \_\_\_\_\_  
SPOUSE'S NAME AND SSN: \_\_\_\_\_

MONTHLY INCOME:

NOTE: GROSS INCOME IS INCOME BEFORE ANY DEDUCTIONS SUCH AS TAXES. NET INCOME IS YOUR TAKE-HOME PAY. INCLUDE A COPY OF RECENT PAY STUBS.

YOUR MONTHLY INCOME GROSS \$ \_\_\_\_\_ NET \$ \_\_\_\_\_  
YOUR SPOUSE'S MONTHLY INCOME GROSS \$ \_\_\_\_\_ NET \$ \_\_\_\_\_  
OTHER CONTRIBUTING RESIDENT(S) MONTHLY INCOME NET \$ \_\_\_\_\_  
OTHER (CHILD SUPPORT, ETC. DESCRIBE \_\_\_\_\_) NET \$ \_\_\_\_\_

MONTHLY EXPENSES:

RENT/MORTGAGE (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_  
PROPERTY TAX (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_  
HOME INSURANCE (TO WHOM: \_\_\_\_\_) \$ \_\_\_\_\_

FOOD \$ \_\_\_\_\_ ELECTRICITY \$ \_\_\_\_\_ WATER/SEWER \$ \_\_\_\_\_  
CLOTHING \$ \_\_\_\_\_ NATURAL GAS \$ \_\_\_\_\_ GARBAGE \$ \_\_\_\_\_  
BASIC PHONE \$ \_\_\_\_\_ CAR PYMNT 1 \$ \_\_\_\_\_ CAR PYMNT 2 \$ \_\_\_\_\_  
CAR INSURE \$ \_\_\_\_\_ PUBLIC TRAN \$ \_\_\_\_\_ GAS AND OIL \$ \_\_\_\_\_  
MEDICAL INSURANCE PAYMENTS NOT DEDUCTED FROM PAYCHECK \$ \_\_\_\_\_  
MEDICAL CO-PAYMENTS AND EXPENSES NOT COVERED BY INSURANCE \$ \_\_\_\_\_

CHILD CARE EXPENSES (NUMBER OF CHILDREN: \_\_\_\_\_) \$ \_\_\_\_\_  
CHILD SUPPORT (NUMBER OF CHILDREN: \_\_\_\_\_) \$ \_\_\_\_\_

LIST ANY OTHER MONTHLY EXPENSES BELOW:

1) \_\_\_\_\_ \$ \_\_\_\_\_  
2) \_\_\_\_\_ \$ \_\_\_\_\_  
3) \_\_\_\_\_ \$ \_\_\_\_\_

ASSETS:

BANK ACCOUNT 1 (BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
BANK ACCOUNT 2 (BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
BANK ACCOUNT 3 (BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
STOCKS/BONDS (BANK NAME: \_\_\_\_\_) \$ \_\_\_\_\_  
HOME VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_  
OTHER REAL ESTATE VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_  
CAR 1 (YR, MAKE, MODEL: \_\_\_\_\_) VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_  
CAR 1 (YR, MAKE, MODEL: \_\_\_\_\_) VALUE \$ \_\_\_\_\_ OWED \$ \_\_\_\_\_

PLEASE SIGN THE DECLARATION BELOW:

I DECLARE UNDER PENALTIES PROVIDED BY 18 U.S.C. SECTION 1001, THAT THE ANSWERS AND STATEMENTS CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WARNING: 18 U.S.C. 1001 PROVIDES THAT "WHOEVER...KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION.., SHALL BE FINED NOT MORE THAN \$10,000.00, OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH".

PRIVACY ACT NOTICE

THIS REQUEST IS AUTHORIZED UNDER 31 U.S.C. 3711, 20 U.S.C. 1078-6, AND 20 U.S.C. 1095A. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. IF YOU DO NOT, WE CANNOT DETERMINE YOUR FINANCIAL ABILITY TO REPAY YOUR STUDENT AID DEBT. THE INFORMATION YOU PROVIDE WILL BE USED TO EVALUATE YOUR ABILITY TO PAY. IT MAY BE DISCLOSED TO GOVERNMENT AGENCIES AND THEIR CONTRACTORS, TO EMPLOYERS, LENDERS, AND OTHERS TO ENFORCE THIS DEBT; TO THIRD PARTIES IN AUDIT, RESEARCH, OR DISPUTE ABOUT THE MANAGEMENT OF THIS DEBT; AND TO PARTIES WITH A RIGHT TO THIS INFORMATION UNDER THE FREEDOM OF INFORMATION ACT OR OTHER FEDERAL LAW OR WITH YOUR CONSENT. THESE USES ARE EXPLAINED IN NOTICE IN THE STUDENT FINANCIAL ASSISTANCE COLLECTION FILES, NO 18-11-07; WE WILL SEND A COPY AT YOUR REQUEST.