
Monthly Expenses

**** Shelter:**

Rent/Mortgage (To Whom _____) \$ _____

Second Mortgage (To Whom _____) \$ _____

Home Insurance \$ _____

Property Taxes \$ _____

Other (Describe _____) \$ _____

****Utilities:**

Electric \$ _____

Gas \$ _____

Water Sewer \$ _____

Garbage Pick up \$ _____

Basic Telephone \$ _____

Other (Describe _____) \$ _____

Food: \$ _____

Clothing: \$ _____

****Medical Expenses:**

Medical Insurance Payments Not Deducted from Paycheck \$ _____

Medical Bill Payments Not Covered by Insurance \$ _____

Other(Describe _____) \$ _____

****Transportation:**

Car Payment(s) (To Whom _____) \$ _____

Gas & Oil \$ _____

Car Insurance \$ _____

Other(Describe _____) \$ _____

****Child Expenses:**

Child Care(Number of Children _____) \$ _____

Child Support (Number of Children _____) \$ _____

Other(Describe _____) \$ _____

****Other Insurance:**

Describe _____ \$ _____

**** YOU MUST PROVIDE DOCUMENTATION FOR ALL BILLS
PERTAINING TO SHELTER, UTILITIES, MEDICAL EXPENSES, CAR
PAYMENTS, CAR INSURANCE, CHILD EXPENSES AND ANY OTHER
INSURANCES YOU MAY HAVE.**

ASSETS

Checking Account Balances:
Institution Name _____ \$ _____
Institution Name _____ \$ _____

Savings Account Balances:
Institution Name _____ \$ _____
Institution Name _____ \$ _____

Current Home Market Value\$ _____ Balance of Note\$ _____ =Equity \$ _____

Other Property Owned:
Type _____ If Real Estate, Location _____

Current Market Value\$ _____ Balance of Note\$ _____ =Equity \$ _____

Auto # 1 Current Market Value\$ _____ Balance of Note\$ _____ =Equity \$ _____
Make _____ Year _____

Auto # 2 Current Market Value\$ _____ Balance of Note\$ _____ =Equity \$ _____
Make _____ Year _____

Stock, Bonds and Certificate of Deposit-Current Value \$ _____

Current Cash (Loan) Value of Life Insurance \$ _____

Other Accounts Receivable or Asset (Describe _____) \$ _____

Please sign the declaration below:

I cannot pay my debt in full at this time. Please schedule monthly payments in the amount of \$ _____ based on my financial statement above.

I declare under the penalties provided by Title 18, Sec 1001 U.S. Code, that the answers and statements contained herein are to the best of my knowledge and belief true, correct and complete. I hereby authorize ECMC to verify any information I have provided in my Statement of Financial Status with any third party and I consent to the release of same.

Signature
Date

WARNING: Title 18, Sec. 1001 U.S. Code: "whoever...Knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or devise 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

The Privacy Act of 1974 (5 U.S.C. 552a) requires that an agency provide the following notice to each individual whom it asks to supply information:

The authority for collection of the requested information is 4 C.F.R. Section 101.

The principle purpose and routine use of the information is to evaluate your ability to pay the government's claim

Disclosure of the information is voluntary, failure to disclose will result in demand for payment in full.

Section 7(a)(2) provides that an agency may continue to require disclosure of an individual's social security number as a condition for the granting of a right, benefit, or privilege provided by law where the agency required this disclosure under statute or regulation prior to January 1, 1975, in order to verify the identity of the individual

Mail / Fax Instructions

Fax:

Attention: Treasury Offset – Hardship
651.325.3195

Mail:

ECMC
PO Box 75906
St. Paul, MN 55175