

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?	If delinquent, how much?
		\$ Per			\$
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.

Under penalties of perjury, I (we) affirm that the foregoing information is true, correct and complete to the best of my (our) knowledge and ability.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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.