

## Financial Disclosure Statement

- **Provide complete information about your family income, expenses, and assets.**
- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of all sources of income.** You must submit two (2) most recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last year's W-2s and 1040 Income Tax Filing as proof of household income. Failure to provide this information may result in a denial of your claim of financial hardship.

### Income

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
County: \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Present Position: \_\_\_\_\_  
Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**\*\*\*ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS \*\*\***  
**\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\***

Number of dependents: \_\_\_\_\_ (including yourself) Marital status:  Married  Single  Divorced  
Spouse's name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**\*\*\*ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS \*\*\***  
**\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\***

Other contributing residents: \_\_\_\_\_ SSN: \_\_\_\_\_  
Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

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### Other Income

Child support: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Alimony: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Interest: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Public assistance: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

### Please State and Explain Amounts Deducted from your pay on pay-stubs:

Life Insurance: \$ \_\_\_\_\_  
Medical & Dental Insurance: \$ \_\_\_\_\_  
401k: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Garnishment: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**Monthly Expenses**

**Shelter**

Rent/Mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_  
 2<sup>nd</sup> home mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_  
 Home insurance: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Household expenses**

Food Expenses: \$ \_\_\_\_\_ (Monthly)  
 Housekeeping Supplies: \$ \_\_\_\_\_ (Monthly)  
 Clothing & Cleaning: \$ \_\_\_\_\_ (Monthly)  
 Personal Care Services and Expenses: \$ \_\_\_\_\_ (Monthly)

**Utilities**

Electric: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_  
 Water/Sewer: \$ \_\_\_\_\_ Garbage pickup: \$ \_\_\_\_\_  
 Basic telephone: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_

**Medical**

Insurance Premiums: \$ \_\_\_\_\_ /per month (*Only list payments not deducted from paycheck*)  
 Bill payments: \$ \_\_\_\_\_ /per month (*Only list payments not covered by insurance*)  
 Other: \$ \_\_\_\_\_ /per month Describe: \_\_\_\_\_

**Transportation**

Number of cars: \_\_\_\_\_

1<sup>st</sup> Car payment: \$ \_\_\_\_\_ /per month 2<sup>nd</sup> Car payment: \$ \_\_\_\_\_ /per month  
 Gas and oil: \$ \_\_\_\_\_ /per month Public transportation: \$ \_\_\_\_\_ /per month  
 Car insurance: \$ \_\_\_\_\_ /per month Parking: \$ \_\_\_\_\_ /per month  
 Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Child Care**

Child care: \$ \_\_\_\_\_ /per month Number of children: \_\_\_\_\_  
 Child support: \$ \_\_\_\_\_ /per month Number of children: \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ /per month Describe: \_\_\_\_\_

**Other Expenses**

**Other Insurance:** \$ \_\_\_\_\_ /per month  
**Describe:** \_\_\_\_\_

Based on this Statement, I think I can afford to pay \$\_\_\_\_\_ per month  
I declare under penalty of law 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 materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both.”

Complete, sign, and return the requested information to:

National Recoveries, Inc.  
P.O. Box 120666  
St. Paul, MN 55112

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 employees, 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 the Federal Register of June 4, 1999, Vol. 64, p. 30166, revised Dec. 27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

This is an attempt to collect a debt and any information obtained will be used for that purpose.