

## Forgiveness of Arrears Financial Statement

CSSD Case Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you rent?  Yes,  No

Do you own your home?  Yes,  No

If financed, with whom? \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

If less than five years, provide previous 2 addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been incarcerated for more than one year?  Yes,  No

Driver's License:

Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
Gross Earnings: \_\_\_\_\_

\_\_\_\_\_

If employed less than 2 years, previous 2 employers:

\_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other source of income?  Yes,  No

If yes, what is the source: \_\_\_\_\_ How much? \_\_\_\_\_

1. **Household members** (People living with you) If there are more than 4, use the back of the form to list additional members:

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |
| _____       | _____      | _____               |

2. **Your Income:**

a. Current Monthly Income:

Wages: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
Public Assistance: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

b. Amount of Permanent Fund Dividends received in last 12 months \$ \_\_\_\_\_

c. ANCSA or other corporate dividends received in last 12 months \$ \_\_\_\_\_

Source of dividends: \_\_\_\_\_  
\_\_\_\_\_

d. Total monies received during last 12 months: \$ \_\_\_\_\_

e. Please provide the following:

- (1) Your last years tax return
- (2) Your last 2 months of pay stubs

f. Do you expect to receive other income within the next 6 months (gifts, Settlements, dividends or inheritances)?  Yes,  No.

If yes, where from \_\_\_\_\_

g. Do you have a business license?  Yes,  No

Name of business if yes: \_\_\_\_\_

**3. Monthly Household Expenses:**

| <u>Expenses</u>  | <u>Amount</u> |
|--|---------------|
| Food   | \$ _____      |
| Housing: Rent/Mortgage                                 | \$ _____      |
| Utilities: Gas, Electric,<br>Water, Garbage, Telephone | \$ _____      |
| Transportation (gas/bus)                               | \$ _____      |
| Car Payment  | \$ _____      |
| Name of Financer:<br>_____                             |               |
| Insurance Payments                                     | \$ _____      |
| Child Support/Alimony                                  | \$ _____      |
| List Loans & Credit Card<br>Debts: _____               | \$ _____      |
| _____  | \$ _____      |
| _____  | \$ _____      |
| _____  | \$ _____      |
| Medical (not covered by insurance)                     | \$ _____      |
| Childcare  | \$ _____      |
| <u>Miscellaneous Expenses</u>                          |               |
| Cable TV   | \$ _____      |
| Club Membership Fees                                   | \$ _____      |
| Internet Fees  | \$ _____      |
| Subscriptions (newspaper)                              | \$ _____      |
| Entertainment  | \$ _____      |
| Alcohol/Tobacco  | \$ _____      |
| Total Monthly Expenses                                 | \$ _____      |

**4. Cash and Assets:** include all things you own by yourself or jointly with someone else.

|                                      |                |                     |
|--------------------------------------|----------------|---------------------|
| Cash                                 | \$ _____       |                     |
|                                      | <u>Balance</u> |                     |
| Bank Acct./Checking                  | \$ _____       | Bank Name:<br>_____ |
| Bank Acct./Savings                   | \$ _____       | Bank Name:<br>_____ |
| Stocks, Bonds, CD's,<br>Mutual Funds | \$ _____       | With Whom:<br>_____ |
| Retirement Plans                     | \$ _____       | With Whom:<br>_____ |
| Total                                | \$ _____       |                     |

**Items:** List below, land, homes, trailers, motor vehicles, snow machines, ATVs, boats, airplanes, motorcycles. If financed, please list the financing company and the terms of the contract on a separate sheet of paper and attach to this statement.

| <u>Description</u> | <u>Value</u> | <u>Amount Still Owed</u> |
|--------------------|--------------|--------------------------|
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
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| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |
| _____              | \$ _____     | \$ _____                 |

TOTALS: \$ \_\_\_\_\_ (-) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Are any of the above items required to earn your living?  Yes,  No If yes, list the item and describe why you need it \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Credit Cards.** List all your credit cards.

| <u>Type of Card &amp; Name of Institution</u> | <u>Credit Limit</u> | <u>Balance Owed</u> | <u>Minimum Payment</u> |
|---|---------------------|---------------------|------------------------|
| _____   | \$ _____            | \$ _____            | \$ _____               |
| _____   | \$ _____            | \$ _____            | \$ _____               |
| _____   | \$ _____            | \$ _____            | \$ _____               |
| _____   | \$ _____            | \$ _____            | \$ _____               |

5. **Credit Cards** (Cont.)

| Type of Card &<br><u>Name of Institution</u> | <u>Credit Limit</u> | <u>Balance Owed</u> | <u>Minimum Payment</u> |
|--|---------------------|---------------------|------------------------|
| _____  | \$ _____            | \$ _____            | \$ _____               |
| _____  |                     |                     |                        |

**I have completed this Forgiveness of Arrears and Financial Statement form to the best of my ability. I understand failure to disclose information could result in termination from the program.**

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature