

REQUEST TO REDUCE WITHHOLDING DUE TO HARDSHIP

All information must be provided for the request to be considered. Your application will be returned for clarification if it is incomplete (we will highlight missing items). You will receive an answer by mail. If you have any questions, you may contact CSSD at 269-6900.

CSSD Case Number: _____

Full Name: _____ CSSD MEMBER ID: _____

Date of Birth: _____

Current Address: _____ How Long? _____

Reasons for this request (be specific) *(if additional room is needed continue on reverse)*

Telephone: Home: _____ Work: _____

If less than five years, provide previous 2 addresses:

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

Current Employer: _____ How long? _____

Gross Earnings: _____

****I have attached the last two months of pay stubs and last years complete income tax return** _____ Yes _____ No (Why on reverse)

* **Failure to provide this documentation could result in the denial of this request.

If employed less than 2 years, previous 2 employers:

_____	How long? _____
_____	Phone # _____
_____	How long? _____
_____	Phone # _____

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

If yes, what is the source: _____ How much? _____ (Monthly/yearly)
(Continue on reverse if necessary)

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 Household Income:**

	Yours	Others (spouse, roommate etc)
a. Current Monthly Income:		
Wages:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Public Assistance:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____

Total Monthly Income:	\$ _____	\$ _____
b. Permanent Fund Dividends received in last 12 months	\$ _____	
c. Native/Tribal or other corporate dividends received in last 12 months	\$ _____	
Source of dividends:	_____	

- d. Total household Income during last 12 months: \$ _____
- e. Do you expect to receive other income within the next 6 months (gifts, Settlements, dividends or inheritances)? ____ Yes, ____ No
- f. Do you have a business license? ____ Yes, ____ No
 Name of business if yes: _____

3. Monthly Household Expenses:

<u>Expenses</u>	Yours	Others (spouse, roommate etc)
Food	\$ _____	\$ _____
Housing: Rent/Mortgage	\$ _____	\$ _____
Utilities: Gas, Elec., Water	\$ _____	\$ _____
Garbage, Telephone	\$ _____	\$ _____
Transportation (gas/bus)	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Through who: _____		
<hr/>		
Insurance		
Car	\$ _____	\$ _____
Health	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
List Loans & Credit Card	\$ _____	\$ _____
Debts: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
 *Medical (not covered by ins)	\$ _____	\$ _____
<i>*Provide copies of bills</i>		
Childcare	\$ _____	
<u>Miscellaneous Expenses</u>		
Cable TV	\$ _____	\$ _____
Club Membership Fees	\$ _____	\$ _____
Internet Fees	\$ _____	\$ _____
Subscriptions (newspaper)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Alcohol/Tobacco	\$ _____	\$ _____
 Total	\$ _____	\$ _____

*extraordinary expenses are taken into account but must be substantiated with documentation

4. **Cash and Assets:** (Things you own or are buying) include all things you own by yourself and all things you own jointly with someone else. If owed jointly, with whom _____

Cash \$ _____

Balance

Bank Acct./Checking \$ _____ Bank Name: _____

Bank Acct/Savings \$ _____ Bank Name: _____

Stocks, Bonds, CD's, \$ _____ With Whom: _____

Mutual Funds \$ _____

Retirement Plans \$ _____ With Whom: _____

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>Value</u>	<u>Amount Still Owed</u>	<u>Jointly owned</u>	
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____	Yes___	No___
Other: _____	\$ _____	\$ _____	Yes___	No___
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		

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 (continue on reverse if necessary) _____

I have completed this form to the best of my ability. I understand failure to disclose information or provide the required documents such as *pay stubs and complete tax returns* may result in the disapproval of this request. If I am eligible for the PFD, I will apply as an additional condition of this request.

_____ Date

_____ Printed Name

_____ Signature