### INDIVIDUAL ABILITY TO PAY CLAIM

## Financial Data Request Form

[This document is not an official EPA form and its use is not mandatory. It is intended as a sample that outlines types of information that PRP search personnel may find useful for determining whether a PRP qualifies for an ATP settlement. To the extent this form and/or its contents are used, you may wish to delete from, add to, or otherwise modify them, depending on PRP- or site-specific information needs.]

This form requests information regarding your current financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly if you feel your situation is not adequately described through the information requested here.

Financial data should be entered for the last day of the month preceding this month.

### **Certification**

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the Environmental Protection Agency to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

	Signature	Date
Name:		
Spouse's Name:		
Address:		
County of Residence	<b>:</b>	

# PART I. BACKGROUND INFORMATION

1. MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)				
Name	Age	Relationship to Head of Household	Currently Employed?	
			-	

2. EMPLOYMENT (List all jobs held by persons in household)					
Name	Employer	Length of Employment	Annual Salary		

3. INCOME (List all income earned by persons in household. If members of the household					
other than you and your spouse	1 10				
	C D	Period of Payment (check one)			
Source	Gross Pay (Pre-Tax)	Weekly	Monthly	Quarterly	Yearly
	(IIE-Iax)	Weekiy	Within	Quarterry	1 carry
Wages/Salaries					
Sales Commissions					
Investment Income					
(Interest, dividends, capital gains, etc.)					
Net Business Income					
Rental Income					
Retirement Income					
(Pension, Social Security, etc.)					
Child Support					
Alimony					
Other Income (Please itemize)					

# PART II. CURRENT LIVING EXPENSES

Please list *personal* living expenses which were typical during the last year and indicate if any of these values are likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

		Period of Payment (check one)				
Expense	Amount	Weekly	Monthly	Quarterly	Yearly	For Agency
A Living Evnanges		i				Use Only
A. Living Expenses		:				
1. Rent		<u> </u>				
2. Home Maintenance		<u> </u>				
3. Auto fuel, Maintenance, Other						
4. Utilities		!				
a. Fuel (gas, oil, wood, propane)						
b. Electric						
c. Water/Sewer		<u> </u>				
d. Telephone						
5. Food		i				
6. Clothing, Personal Care		 				
7. Medical Costs		i				
B. Debt Payments						
1. Mortgage Payments		i				
2. Car Payments		!				
3. Credit Card Payments						
4. Educational Loan Payments						
C. Insurance						
1. Household Insurance						
2. Life Insurance		İ				
3. Automobile Insurance						
4. Medical Insurance						

		Period of Payment (check one)				
Expense	Amount	Weekly	Monthly	Quarterly	Yearly	For Agency Use Only
D. Taxes						
1. Property Taxes						
2. Federal Income Taxes						
3. State Income Taxes		i I				
4. FICA						
E. Other Expenses						
1. Childcare						
2. Current School Tuition/Expenses						
3. Legal or Professional Services						
4. Other (itemize on separate page)						
TOTAL CURRENT EXPENSES						

### PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable. Note estimated items with an "E".

If you are the sole proprietor of a business, list business assets and liabilities in addition to personal assets and liabilities, and mark these business entries with a "B".

1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs, etc.)					
Name of Bank or Financial Institution Type of Account Current Balance					
For Agency Use Only – Total Current Balance in Bank Accounts					

2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investments Trusts (REITs), etc.)					
Investment Number of Share or Units Current Market Value					
For Agency Use Only – Total Current Market V	For Agency Use Only – Total Current Market Value of Investments				

3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401(k), Keogh, vested interest in company retirement fund, etc.)			
Description of Account  Estimated Market Value			
For Agency Use Only – Total Current Market Value of Retirement			
Funds and Accounts			

4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)						
Policy Holder Issuing Company Policy Value Cash Value						
For Agency Use Only – Tota	l Market of Life Insurance Policie	es				

# 5a. VEHICLES USED FOR COMUTING PURPOSES (Cars, Trucks, Motorcycles, etc. Only list up to two vehicles used for commuting purposes.) Model Year Estimated Market Value For Agency Use Only – Total Estimated Market Value of Vehicles

5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Recreational Vehicles, Motor Homes, Boats, Airplanes, etc.)					
Model Year Estimated Market Value					
For Agency Use Only – Total Estimated Market	Value of Vehicles				

6. PERSONAL PROPERTY (Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. Only list items with a value greater than \$500.00.)				
Type of Property Estimated Market Value				
For Agency Use Only – Total Estimated Market Value of				
Personal Property				

7a. REAL ESTATE – PRIMARY RESIDENCE (Home – List only one such residence)			
Location Description of Property Estimated Market Value			
For Agency Use Only – Total Estimated Market Value of Real Estate			

7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings)			
Location Description of Property Estimated Market Value			
For Agency Use Only – Total Estimated Market Value of Real Estate			

8. OTHER ASSETS	
Type of Asset	Estimated Market Value
For Agency Use Only – Total Other Assets	

9. CREDIT CARDS AND LIN	NES OF CREDIT		
Credit Card/Line of Credit (Type)	Owed To	Monthly Payment	<b>Balance Due</b>
For Agency Use Only – Total Balance Due on Credit Cards and Lines of Credit			

10. VEHICLE LOANS (Cars Boats, Airplanes, etc.)	, Trucks, Motorcycles	, Recreatio	on Vehicles,	Motor Ho	omes,
		Balance	Monthly	Start	End
Vehicle (Model and Year)	Owed To	Due	Payment	Date	Date
For Agency Use Only – Total Balance Due on Vehicle Loans					

11. FURNITURE AND HOUSEHOLD GOODS LOANS					
		Balance	Monthly	Start	End
List Item	Owed To	Due	Payment	Date	Date
For Agency Use Only – Total Balance Due on Furniture and Household Goods Loans					

12. MORTGA	GES AND REAL ES	TATE LOANS				
Type of Loan	Owed To	Property Secured Against	Balance Due	Monthly Payment	Start Date	End Date
For Agency Use Estate Loans	Only – Total Balance	Due on Mortgages	and Real			

13. OTHER DEBT (Amounts due to individuals, fixed obligations, Taxes Owed, Overdue					
Alimony, Child Support,	etc.)				
	Balance Monthly Start End				End
Type of Debt	Owed To	Due	Payment	Date	Date
For Agency Use Only – Total Balance Due on Other Debt					

# PART IV. ADDITIONAL INFORMATION

Please respond to the following questions. For any question that you answer "Yes", please provide additional information on separate pages or at the bottom of this page.

QUESTION	YES	NO
Do you have any reason to believe that your financial situation will change during the next year?		
2. Are you currently selling or purchasing any real estate?		
3. Is anyone (or any entity) holding real or personal property on your behalf (e.g., a trust)?		
4. Are you a party in any pending lawsuit?		
5. Have any of your belongings been repossessed in the last three years?		
6. Are you a Trustee, Executor, or Administrator?		
7. Are you a participant or beneficiary of an estate or profit-sharing plan?		
8. Have you been denied a loan or new credit card within the last six months?		
9. Have you declared bankruptcy in the last seven years?		
10. Do you receive any type of federal aid or public assistance?		

	Explanations for any of the above questions with a "YES" answer				
Question Number	Explanation				
	-				