Updated For Model Version 2024.0.0 (April 2024)

INSTRUCTIONS

This form requests information regarding the financial status of your household, including spouse and dependents. The data will be used to evaluate your ability to pay for environmental cleanup or the associated penalties. If you need more space for your answers, please attach additional sheets of paper. Note that further documentation may be requested for any of your responses. Any other information you wish to provide supporting your case is welcome, particularly if you feel your situation is not adequately described through the information requested here.

| Certification | | | | | |
|--|---------------|--------|------|-------|---|
| I certify under penalty of law that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement. Based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge and belief, true, accurate, and complete. I further understand that I may be subject to prosecution under federal and/or state law should I provide any information that is not true, correct, and complete to the best of my knowledge. I am authorized and empowered to act on behalf of the claimant. | | | | | |
| Signature: | | | | Date: | |
| Printed Name: | | | | | |
| Spouse's Signature: | | | | Date: | |
| Spouse's Printed Name: | | | | | • |
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| Names of Additional House | hold Members: | | | | |
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| Street Address: | | | | | |
| | | | | | |
| City: | | State: | Zip: | | |
| | | | | | |
| County: | | | | | |
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| | Hou | sehold Men | nbers' Incor | ne | | | | | |
|---|------|-----------------------|-----------------|----------------|--------|---|-------------|--------------------------------|---|
| List all forms of income that hou instructed by the enforcement of | | rn, and provid | le signed tax r | eturns (1-5 ye | ars as | | | | |
| Name | | | | | | | | ne per | |
| Relationship to Applicant | Self | Spouse | | | | | | <i>eithei <u>M</u>ontl</i> | |
| Age | | | | | | | | erly, o | |
| Gender | | | | | | | <u>Y</u> ea | rly. | |
| Employer | | | | | | | | | |
| Years Employed | | | | | | | | | |
| Gross (Pre-Tax) Income | | | | | | w | м | Q | Y |
| Wages/Salaries | | | | | | | | | |
| Sales Commissions | | | | | | | | | |
| Investment Income | | | | | | | | | |
| Net Business Income | | | | | | | | | |
| Rental Income | | | | | | | | | |
| Pension + Social Security Income | | | | | | | | | |
| Child Support | | | | | | | | | |
| Alimony | | | | | | | | | |
| Other (attach description) | | | | | | | | | |

Household Living Expenses

List household living expenses typical of last year, indicating if any are likely to change significantly in the current year. If you own an operating business, exclude any business expenses; instead, attach any available financial statements for your business.

| | | | Per | iod | |
|---|--------|---|-----|-----|---|
| EXPENSE | AMOUNT | w | м | Q | Y |
| Rent | | | | | |
| Home maintenance | | | | | |
| Transportation (inc. auto maint.) | | | | | |
| Home heating oil, gas, etc. | | | | | |
| Electricity | | | | | |
| Water & sewer | | | | | |
| Telephone | | | | | |
| Food | | | | | |
| Clothing, personal care | | | | | |
| Medical (other than premiums) | | | | | |
| Mortgage payments (principal and interest only) | | | | | |
| Car payments | | | | | |
| Credit card interest | | | | | |
| Educational loan payments | | | | | |
| Other debt payments | | | | | |
| Home insurance | | | | | |
| Life insurance | | | | | |
| Auto insurance | | | | | |
| Medical insurance | | | | | |
| Property taxes | | | | | |
| Federal income taxes (net of any refunds) | | | | | |
| State & local income taxes (net of any refunds) | | | | | |
| FICA | | | | | |
| Other taxes | | | | | |
| Childcare | | | | | |
| Tuition | | | | | |
| Legal or professional fees | | | | | |
| Other (attach description) | | | | | |

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| | Net Worth | | |
|--|---|--|---|
| Provide the following information to the best of your dependents. Estimates are acceptable; if you wish, no please list business assets and liabilities to the extent addition to personal assets and liabilities. Mark these | ote such items with an "E." that the information sough | If you are the sole propriet t is not already provided in | or of a business, your tax returns, in |
| | Assets | Liabilities | Comments |
| Bank Accounts | Balance | | |
| Checking, NOW, Savings, Money Market, CDs etc. | | | |
| | | N/A | |
| Financial Investments (stocks, bonds, etc.) | Market Value | | |
| | | N/A | |
| Retirement Funds and Accounts | Market Value | | |
| IRA, 401(k), Keogh, vested interest in company retir | rement fund, etc. | | • |
| | | N/A | |
| Life Insurance Policies (with cash value) | Cash Value | | |
| Whole life, universal life, etc. | | | |
| | | N/A | |
| Vehicles Used for Commuting | Market Value | Loan Balance | |
| Cars, trucks, motorcycles, etc.: list up to two vehicle | es used for commuting purp | oses. | |
| | | | |
| | | | |
| Vehicles (other than for commuting) | Market Value | Loan Balance | |
| Cars, trucks, motorcycles, recreational vehicles, mo | tor homes, boats, airplanes. | | |
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| | Assets | Liabilities | Comments |
|---|------------------------------|-----------------------------------|-------------------|
| Primary Residence | Market Value | Mortgage Balance | |
| | | | |
| Real Estate (other than primary residence) | Market Value | Mortgage Balance | |
| Lands, buildings, land with buildings. | | | |
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| Personal Property | Market Value | Debt Balance | |
| Household goods and furniture, jewelry, art, antique than \$500. | ues, collections, precious m | netals, etc. List only items with | h a value greater |
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| | | | |
| Credit Cards and Lines of Credit | | Balance Due | |
| | N/A | | |
| Other Debts and/or Assets | Market Value | Debt Balance | |
| Any other assets and any debts on those assets, pla overdue alimony or child support, etc. | us any other debts owed to | individuals, fixed obligations | , taxes owed, |
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| Additional Information | | |
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| For any question that you check off as applicable, provide additional information below or on separate pages, for both yourself and your spouse, as well as for any dependents. | | |
| Reason to believe financial situation will change during the next year? | | |
| Currently selling or purchasing any real estate? | | |
| Property held by other person/entity on applicant's behalf? | | |
| Party in pending lawsuit (other than this enforcement action)? | | |
| Any belongings repossessed in last three years? | | |
| Is applicant a Trustee, Beneficiary, Executor, or Administrator of a Trust? | | |
| Participant or beneficiary of estate or profit-sharing plan? | | |
| Declared bankruptcy in last seven years? | | |
| Receive any type of federal aid or public assistance? | | |