

## 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, Water, Garbage, Telephone	\$ _____
Transportation (gas/bus)	\$ _____
Car Payment	\$ _____
Name of Financer: _____	
Insurance Payments	\$ _____
Child Support/Alimony	\$ _____
List Loans & Credit Card 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: _____
Bank Acct./Savings	\$ _____	Bank Name: _____
Stocks, Bonds, CD's, Mutual Funds	\$ _____	With Whom: _____
Retirement Plans	\$ _____	With Whom: _____
 Total	 \$ _____	



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

Type of Card & <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