

**RE: Statement of Financial Status**

To request a refund of your Treasury Offset Payment (TOP) due to hardship you must complete and return the enclosed form along with **copies** of the following documentation.

- **The Department of the Treasury letter** you received advising your Federal payment was being applied to the debt held by ECMC.
- **Two current paystubs** - if you are receiving unemployment benefits you must provide a current unemployment benefit statement.
- **Eviction or Foreclosure Notice** – must have current date (**within the last 45 days**) and list total amount in arrears.
- **Past Due Rent/Mortgage notice (3 months or more)** - must have current date (**within the last 45 days**) and list total amount in arrears along with Landlord/Mortgagor name and contact number for verification.
- **Utility Disconnection/Shut off notice (water, sewer, gas, electric and garbage only)** - must have current date (**within the last 45 days**) and total amount owing.
- **Past Due Medical Bills totaling \$500.00 or more** - must have current date (**within the last 30 days**) and total amount owing. You may have several medical bills but the total amount past due must be greater than \$500.00.

**FOR HARDSHIP REFUND REVIEW WE DO NOT CONSIDER AND WILL NOT REVIEW CREDIT CARD STATEMENTS, CELL PHONE/LAND LINE PHONE BILLS, CAR INSURANCE BILLS, PHARMACY RECEIPTS, VEHICLE FULE RECEIPTS, PERSONAL LOAN STATEMENTS, ETC.**

Please mail or fax the Statement of Financial Status and associated documents to the following address/number:

ECMC  
P.O. Box 75906  
St. Paul, MN 55175  
Fax: 1.877.645.7479

***Please understand, there is no guarantee as to the outcome of this review in reference to a refund; however, ECMC will take into consideration all relevant information you submit.***

If you have any questions regarding this matter please contact our Account Servicing Department at 651-221-0566, or by e-mail at: [www.ecmc.org/](http://www.ecmc.org/) **Contact Us.**

**ACCOUNT SERVICING DEPARTMENT**



Spouse's Name (Last, First, Middle, Previous) \_\_\_\_\_ Current Position \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Monthly Gross Income \$ \_\_\_\_\_ Monthly Net Income \$ \_\_\_\_\_

Other Contributing Resident \_\_\_\_\_ Current Position \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Monthly Gross Income \$ \_\_\_\_\_ Monthly Net Income \$ \_\_\_\_\_

**Other Monthly Income** (e.g., child support, alimony, interest, public assistance, etc.)

Describe: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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

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**3. Monthly Expenses (You must provide documentation for all bills pertaining to items marked \*\*. Please include in the OUTSTANDING BALANCE DUE column the total amount of your normal Monthly Payment + the current Outstanding Balance past due for that expense)**

<b>**Shelter:</b>	<b>Monthly Payment</b>	<b>Balance Past Due</b>
Rent/Mortgage		
To Whom _____	\$ _____	\$ _____
Second Mortgage		
To Whom _____	\$ _____	\$ _____
Home Insurance/Property Taxes	\$ _____	\$ _____

<b>**Utilities:</b>	<b>Outstanding Balance Due</b>
Electric	\$ _____
Gas	\$ _____
Water/Sewer/Garbage	\$ _____
Basic Telephone	\$ _____
Other (Describe) _____	\$ _____

<b>**Medical Expenses:</b>	<b>Outstanding Balance Due</b>
Medical Insurance Payments <b>NOT</b> deducted from paycheck	\$ _____
Medical Bill Payments <b>NOT</b> deducted from paycheck	\$ _____
Other (Describe) _____	\$ _____

<b>Household Expenses</b>	<b>Monthly Expenses</b>
Food:	\$ _____
Clothing:	\$ _____

<b>Transportation:</b>	<b>Outstanding Balance Due</b>
Car Payment(s) (To Whom _____)	\$ _____
Gas and/or Oil	\$ _____
Car Insurance	\$ _____
Other (Describe) _____	\$ _____

<b>Child Expenses:</b>	<b>Outstanding Balance Due</b>
Child Care (Number of Children _____)	\$ _____
Child Support (Number of Children _____)	\$ _____
Other (Describe) _____	\$ _____

	<b>Outstanding Balance Due</b>
Other Insurance: (Describe) _____	\$ _____

Total Monthly Expenses	\$ _____
Discretionary Income (Total Monthly Income – Total Monthly Expenses)	\$ _____

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#### 4. Signature

Please sign the declaration below:

I cannot pay my debt in full at this time.

I declare under the penalties provided by 18 U.S.C. §1001(a) that the answers and statements contained herein are, to the best of my knowledge and belief, true, correct and complete. I hereby authorize ECMC to verify any information I have provided in my Statement of Financial Status with any third party and I consent to the release of same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING** 18 U.S.C. §1001(a): “whoever...Knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined...imprisoned not more than 5 years...or both.”

#### Privacy Act Notice

The Privacy Act of 1974 (5 U.S.C. §552a) requires that an agency provide the following notice to each individual whom it asks to supply information:

- The authority for collecting the requested information is 4 C.F.R. §101.
- The principal purpose and routine use of the information is to evaluate your ability to pay the government’s claim.
- Disclosure of the information is voluntary; failure to disclose will result in demand for payment in full.
- Section 7(a)(2) provides that an agency may continue to require disclosure of an individual’s Social Security number (SSN) as a condition for the granting of a right, benefit, or privilege provided by law where the agency required this disclosure under statute or regulation prior to January 1, 1975, in order to verify the identity of the individual.