

U.S. Department of Education

Financial Disclosure Statement

To evaluate a hardship claim, ED compares the expenses you claim and support against averages spent for those expenses by families of the same size and income as yours. ED considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the IRS from different government studies. You can find the average expense amount that the Department uses at this IRS website: <http://www.irs.gov> and then click on "COLLECTION FINANCIAL STANDARDS."

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship as unproven.

Income

Your Name: _____ Your Social Security No.: _____

Address: _____

_____ Phone: _____
_____ County: _____

Current Employer: _____ Date Employed: _____
Employer Phone: _____ Present Position: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____
Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

*****ENCLOSE A COPY OF YOUR TWO MOST RECENT PAY STUBS***

ENCLOSE COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Number of dependents: _____(including yourself)

Marital status: Married Single Divorced

Your spouse's name: _____ Spouse SSN: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____
Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

*****ENCLOSE COPY OF TWO MOST RECENT PAY STUBS***

ENCLOSE COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Other household member(s) with income: Name _____
SSN: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____
Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

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Other Income

Child support: \$ _____ Weekly Bi-Weekly Monthly Other
Alimony: \$ _____ Weekly Bi-Weekly Monthly Other
Interest: \$ _____ Weekly Bi-Weekly Monthly Other
Public assistance: \$ _____ Weekly Bi-Weekly Monthly Other
Other: \$ _____ Describe: _____

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
401k:	_____	_____
Retirement:	_____	_____
Union Dues:	_____	_____
Medical:	_____	_____
Credit Union:	_____	_____
Other:	_____	_____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____
2nd home mortgage: \$ _____ Paid to whom: _____
Home insurance: \$ _____
Other: \$ _____ Describe: _____

Food and Household

Expenses: \$ _____
Clothing: \$ _____

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____
Gas: \$ _____
Water/Sewer \$ _____
Garbage pickup: \$ _____
Basic telephone: \$ _____
Other: \$ _____ Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance \$ _____/per month (Only list payments not deducted from paycheck)
Bill payments \$ _____/per month (Only list payments not covered by insurance)
Other: \$ _____/per month
Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Of cars _____
1st Car payment: \$ _____/per month
2nd Car payment: \$ _____/per month
Gas and oil: \$ _____/per month
Public transportation: \$ _____/per month
Car insurance: \$ _____/per month
Other: \$ _____ Describe: _____

Child Care (SEND COPIES OF BILLS)

Child care: \$ _____/per month Number of children: _____
Child support: \$ _____/per month Number of children: _____
Other: \$ _____/per month Describe: _____

Other Insurance: \$ _____ Describe: _____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ _____ per month

I declare under penalty of perjury that the answers and statements contained herein are true and correct.

Signature: _____ Date _____

Warning: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both.”

Complete, sign, and return the requested information and documentation to:

**ECMC
Attention: Wage Withholding Administrator
1 Imation Place, Building 2
Oakdale, MN 55128**

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 20 U.S.C. 1095a. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other federal law, or with your consent. These uses are explained in the Federal Register of June 4, 1999, Vol. 64, p.30166, revised Dec.27, 1999, Vol. 64, p. 72407. We will send a copy at your request.

This is an attempt to collect a debt and any information obtained will be used for that purpose.