**MEMORANDUM *{REMOVE THIS 1 page cover memo before sending to RP}***

**TO: DIVISION & DISTRICT PERSONNEL**

**FROM: OFFICE OF GENERAL COUNSEL / OFFICE OF INSPECTOR GENERAL**

**SUBJECT: FINANCIAL AFFIDAVIT FOR INDIVIDUALS and SOLE PROPRIETORS**

 The following financial affidavit (the Affidavit) will be used in the analysis of an individual, sole proprietor’s or small water/wastewater provider’s ability to comply with corrective action or pay proposed penalties. The Affidavit is designed to report financial information of both an individual and all affiliated pass through business entities for tax purposes. In order to perform a complete analysis, the applicant **must** submit all information on the checklist. The checklist must be reviewed by District or Division personnel before the Affidavit and accompanying materials can be submitted for analysis. **Please note**- the analysis will include information regarding the affiant’s share of income from any partnership(s), LLC(s) or s-corporation(s) in which affiant has an interest. However, partnerships, multi-member LLCs and s-corporations must complete separate financial affidavit(s) and will be analyzed independently. Please refer to the approved forms of financial affidavit designed specifically for each of these entities.

 **Forward the completed, signed and notarized affidavit with supporting documentation to the Office of Inspector General for** a financial condition analysis**.** Please describe the violation/condition, the estimated costs of compliance and/or corrective actions, and proposed penalties.

 **SUPPORTING DOCUMENTATION CHECKLIST FOR DEPARTMENT MANAGERS**

Project or Site Managers should check to be sure that, at a minimum, the following is included with the affidavit before a package can be submitted for analysis.

1. Signed & Notarized Financial Affidavit
2. Copies of affiant’s federal and, if applicable, local or state, tax returns for the previous three (3) years.
3. Credit Report
4. Forms W-2 (Wage and Tax Statement)

Most Current Account Statements from affiant’s Bank or other Financial Institution:

1. Personal Checking- 12 months or a year end summary of all transactions
2. Personal Savings- 12 months or a year end summary of all transactions
3. Business Checking (if applicable) - 12 months or a year end summary of all transactions
4. Business Savings (if applicable)- 12 months or a year end summary of all transactions



# FINANCIAL AFFIDAVIT

**FOR**

**INDIVIDUALS AND SOLE PROPRIETORS**

**Instructions for**

**Completing this Financial Affidavit**

 The following financial affidavit is a tool used by the Department’s financial analyst to determine an individual, sole proprietor’s or small utility’s apparent ability to comply with corrective actions, pay proposed penalties. The analysis is performed as a courtesy in response to your claim of an inability to pay some or all of what is required. Failure to submit any requested information may jeopardize your claim and result in the Department concluding that there is ability to pay.

 Identify personal and/or business revenue, expenses, assets, and liabilities on this financial affidavit and return to the Department personnel or attorney handling the case. If revenue, expenses, assets, or liabilities exist for which a line item is not available, add the item at the end of the appropriate section and include it in the total for that section. Please attach to this document all supporting documentation, explanations, and itemized lists for each business revenue, expense, asset, and liability listed.

 If you have any questions regarding how to complete these forms, please contact the Department personnel that sent you this form. Additionally, once you have submitted these documents you may be contacted by the financial analyst reviewing these documents with follow up questions or requests for information. Please provide that individual with the information requested within 30 days of the request unless otherwise stated.

 For analysis of individuals, sole proprietors, partners, or shareholders, copies of the following documentation **must** be submitted:

**SUPPORTING DOCUMENTATION CHECKLIST**

The following list of information is required to be included with the affidavit before a package can be submitted for analysis. Please redact or mark out your social security numbers to protect your privacy.

1. Signed & Notarized Financial Affidavit
2. Copies of affiant’s federal and, if applicable, local and state, tax returns for the previous three (3) years (Federal returns may be obtained from the IRS online)
3. A Credit Report issued within the last three (3) months (free credit reports may be obtained online at various sites include freecreditreport.com).
4. Forms W-2 (Wage and Tax Statement) for the immediate previous year.
5. Pay stub/statements for the previous three (3) months.
6. IRS Schedule K-1 (Form 1041) (Beneficiary’s Share of Income, Deductions, Credits)
7. IRS Forms 1099-R (Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.)
8. Forms SSA-1099 (Social Security Benefit Statement)
9. IRS Forms 1099-MISC (Miscellaneous Income)

Most Current Account Statements from your Bank or other Financial Institution (please redact or mark out all but the last 4 digits of the bank account numbers for security):

1. Personal Checking- 12 months or a year end summary of all transactions
2. Personal Savings- 12 months or a year end summary of all transactions
3. Personal Money Market- 12 months or a year end summary of all transactions
4. Retirement Account- 12 months or a year end summary of all transactions
5. Stock Account- 12 months or a year end summary of all transactions
6. Liabilities listed in Part II- 12 months or a year end summary of all transactions
7. Business Checking - 12 months or a year end summary of all transactions
8. Business Savings- 12 months or a year end summary of all transactions
9. Business Money Market- 12 months or a year end summary of all transactions
10. Liabilities listed in Part III- 12 months or a year end summary of all transactions

All information must be supplied in a complete and timely manner. The Department may request additional information and/or decline to perform an analysis if the requested documentation is not provided. The completed Affidavit and all supporting information is due within thirty (30) days of your receipt of this application. Failure to provide requested information may jeopardize your assertion of an inability to pay. The Department’s goal is to provide a comprehensive, accurate and fair conclusion as to your ability to pay based on the information provided by you.

 **The completed Affidavit must be signed and dated on the last page of the financial affidavit(s), by the affiant, in the presence of a notary public. Submit the notarized/certified financial affidavit and all supporting documents to the district contact or enforcement attorney handling your case.**

**The Affidavit and documentation is being submitted voluntarily and upon receipt is a public record subject to disclosure under Section 119, Florida Statute (unless specifically exempted by a provision of statute, claimed by you below).**

**THIS AFFIDAVIT AND ATTACHMENTS ARE NOT, AND SHOULD NOT BE CONSIDERED, CONFIDENTIAL ONCE SUBMITTED TO THE DEPARTMENT.**

**FINANCIAL AFFIDAVIT**

**AFFIANT’S CONTACT INFORMATION**

OGC Case No. (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Identification# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIANT’S NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Zip Code/Postal Code County Country

E-MAIL ADDRESS (only if checked regularly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYED BY (include address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please list all employers and date of employment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If information regarding your employment or your spouse’s employment, if applicable, is exempt from the State’s Public Records laws, state what exemption applies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF RETIRED, DATE OF RETIREMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: h)\_\_\_\_\_\_\_\_\_\_\_, w)\_\_\_\_\_\_\_\_\_\_\_\_c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please indicate which number your prefer the Department use to contact you, if it becomes necessary to do so.

BEST DAY/TIME FOR THE DEPARTMENT TO CALL (BETWEEN 8:00 AM AND 5:00 PM) DURING THE WORK WEEK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU EXPECT TO BECOME EMPLOYED, UNEMPLOYED OR CHANGE JOBS SOON, DESCRIBE THE ANTICIPATED CHANGE AND HOW EXPECT IT TO AFFECT YOUR INCOME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I- INDIVIDUAL MONTHLY SURPLUS OR DEFICIT**

**This section applies to personal income and expense**. Each income or expense item should be reported only once and in the section which best applies to it. Add any other items to the financial affidavit which are necessary to accurately reflect your current financial condition.

Do not leave any section blank. Enter a zero or N/A (for not applicable) for items which do not apply to your personal financial situation.

**AVERAGE GROSS MONTHLY INCOME (PERSONAL):**

|  |  |
| --- | --- |
| 1. Wages, salary, etc. (**Attach Form(s) W-2 ) $**
2. Business income (from Schedule C and/or F of Form 1040)
3. Income from partnership or s-corporation (**Attach Form K-1)**
4. Disability Benefits/SSI
5. Alimony & Child Support Receipts
6. Workers’ Compensation (job related injuries)
7. Unemployment Compensation (include date started)
8. Government Assistance- Food Stamps, Welfare (TANF, etc.)
9. Pension, Retirements or Annuity Distributions (**Attach Form 1099-R)**
10. Social Security Benefits **(Attach Form SSA-1099)**
11. Rental income
12. Income from royalties, trust or estates (**Attach Form 1099-MISC and/or Form K-1)**
13. Reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses
14. Itemize any other income of a recurring nature (Identify source)
 |  1. \_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_4. \_\_\_\_\_\_\_\_\_\_\_\_5. \_\_\_\_\_\_\_\_\_\_\_\_6. \_\_\_\_\_\_\_\_\_\_\_\_7. \_\_\_\_\_\_\_\_\_\_\_\_8. \_\_\_\_\_\_\_\_\_\_\_\_9. \_\_\_\_\_\_\_\_\_\_\_\_10. \_\_\_\_\_\_\_\_\_\_\_11. \_\_\_\_\_\_\_\_\_\_\_12. \_\_\_\_\_\_\_\_\_\_\_13. \_\_\_\_\_\_\_\_\_\_\_ 14. \_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **15. TOTAL GROSS MONTHLY INCOME (add lines 1-14)** | 1. \_\_\_\_\_\_\_\_\_\_\_
 |
| **PAYROLL DEDUCTIONS**16. Federal, state and local income taxes17. FICA or self-employment tax18. Health and dental insurance payments (including any Medicare payments) Note: Do not include any payments paid by employer19. Court-ordered child support actually paid 20. Alimony actually paid21. Other deductions (Identify Source)**22. TOTAL MONTHLY PAYROLL DEDUCTIONS (add lines 17-21)****23. TOTAL NET MONTHLY INCOME**(Total Gross Monthly Income [Line 15] minus Total Monthly Deductions [Line 23])**24. AVERAGE MONTHLY EXPENSES****(Please provide supporting documents for expenses)**  | 16.\_\_\_\_\_\_\_\_\_\_\_17. \_\_\_\_\_\_\_\_\_\_\_18\_\_\_\_\_\_\_\_\_\_\_\_19. \_\_\_\_\_\_\_\_\_\_ 20.\_\_\_\_\_\_\_\_\_\_\_21. \_\_\_\_\_\_\_\_\_\_\_22.\_\_\_\_\_\_\_\_\_**23.\_\_\_\_\_\_\_\_\_****24.\_\_\_\_\_\_\_\_\_**  |
| **HOUSEHOLD:**25. Rent or mortgage payments (principal & interest only)26. Property taxes (if not included in mortgage)27. Utilities-Electricity, Gas, Water, Garbage & Sewer28. Telephone (land line and cellphones)29. Home repairs and maintenance30. Food and home supplies (explain on another paper)31. Property Insurance-: a. Mortgage Insurance b. Homeowner’s Insurance32. Miscellaneous (Itemize on another paper):**33. SUB-TOTAL (add lines 25-32)****AUTOMOBILE (MONTHLY):**34. Car payment (indicate whether □lease or □financing)35. Gasoline and oil36. Repairs and routine maintenance37. Auto tag and licensing fees (1/12 annual) 38. Auto Insurance (1/12 annual fee)39. Alternate transportation (Bus/Cab Fare, toll fees): **40. SUB-TOTAL (add lines 34-39)****CHILDREN’S EXPENSES (MONTHLY):** **Note: Children must be claimed as dependent on federal tax return.**41. Childcare expense (please provide name of childcare provider)42. School tuition (provide name of school, length of term)43. School supplies44. Lunch money45. Clothing46. Medical, dental, prescriptions (non-reimbursed only)47. Other: **48. SUB-TOTAL (add lines 41-47)** **OTHER EXPENSES NOT LISTED ABOVE:**49. Life Insurance (□whole life or □term, amt.\_\_\_\_\_\_, mos. Premium)50. Clothing51. Medical/dental/ prescriptions (non-reimbursed only)52. Professional dues53. Professional expenses 54. Miscellaneous**55. SUB-TOTAL (add lines 49-54)** **PAYMENTS TO CREDITORS:**Credit Cards (Itemize by card; attach most recent statement for each):56. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_57. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_58. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_59. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**60. SUB-TOTAL (add lines 56-60)****61. TOTAL MONTHLY EXPENSES** **(Line 34 plus Line 41 plus Line 49 plus Line 56 plus Line 61)****62. NET MONTHLY CASH FLOW (DEFICIT)****(Total Monthly Income [Line 24] minus Total Monthly Expenses [Line 62])** **\*If your monthly cash flow is a deficit amount (you make less money than you spend), please explain how you are funding the deficit. \*** | 25.\_\_\_\_\_\_\_\_\_26.\_\_\_\_\_\_\_\_\_27.\_\_\_\_\_\_\_\_\_ 28.\_\_\_\_\_\_\_\_\_\_29.\_\_\_\_\_\_\_\_\_30.\_\_\_\_\_\_\_\_\_\_31.\_\_\_\_\_\_\_\_\_\_32.\_\_\_\_\_\_\_\_\_\_**33.\_\_\_\_\_\_\_\_\_\_**34. \_\_\_\_\_\_\_\_\_\_35.\_\_\_\_\_\_\_\_\_36.\_\_\_\_\_\_\_\_\_37.\_\_\_\_\_\_\_\_\_38.\_\_\_\_\_\_\_\_\_\_39. \_\_\_\_\_\_\_\_\_\_**40.** \_\_\_\_\_\_\_\_\_\_41. \_\_\_\_\_\_\_\_\_\_42. \_\_\_\_\_\_\_\_\_\_43.\_\_\_\_\_\_\_\_\_\_\_44.\_\_\_\_\_\_\_\_\_\_\_45.\_\_\_\_\_\_\_\_\_\_\_ 46.\_\_\_\_\_\_\_\_\_\_\_47.\_\_\_\_\_\_\_\_\_\_\_**48.\_\_\_\_\_\_\_\_\_\_\_** 49.\_\_\_\_\_\_\_\_\_ 50.\_\_\_\_\_\_\_\_\_51.\_\_\_\_\_\_\_\_\_\_52.\_\_\_\_\_\_\_\_\_\_53.\_\_\_\_\_\_\_\_\_ 54.\_\_\_\_\_\_\_\_\_**55.\_\_\_\_\_\_\_\_\_**56.\_\_\_\_\_\_\_\_\_ 57.\_\_\_\_\_\_\_\_\_\_58.\_\_\_\_\_\_\_\_\_\_59.\_\_\_\_\_\_\_\_\_\_**60.\_\_\_\_\_\_\_\_\_\_****61.\_\_\_\_\_\_\_\_****62.\_\_\_\_\_\_\_\_\_\_\_**  |

|  |  |
| --- | --- |
| **PART II- INDIVIDUAL NET WORTH** **INSTRUCTIONS FOR COMPLETING THE****STATEMENT OF PERSONAL NET WORTH**This section applies to personal assets, liabilities, and equity. Assets and liabilities should be reported only once and in the section to which they best apply.  Please read the following instructions prior to beginning this portion of the affidavit. 1. Separate personal assets and liabilities from business assets and liabilities (which belong in Part III).
2. Specify which asset(s) relates to each mortgage in the liability section.
3. List assets and liabilities based upon present title and ownership.

 Asset and liability values should be listed as of a certain date, close to the date of completion of the affidavit.  |  |

**STATEMENT OF PERSONAL**

**NET WORTH AS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Date)

**ASSETS:**

 **Provide copies of statements for all bank accounts for previous three (3) months.**

 DESCRIPTION TOTAL VALUE

|  |  |
| --- | --- |
| 1. Cash (on hand) $
 | 1. \_\_\_\_\_\_\_\_\_\_\_  |
| 1. Checking Account(s)
 | 2. \_\_\_\_\_\_\_\_\_\_\_ |
| 3. Savings Account(s) | 3. \_\_\_\_\_\_\_\_\_\_\_  |
| 4. Money Market Account(s)  | 4. \_\_\_\_\_\_\_\_\_\_\_  |
| 1. Certificate(s) of Deposit
2. Retirement Account(s) (IRA, differed compensation accounts, 401K,etc)
 | 5. \_\_\_\_\_\_\_\_\_\_\_6. \_\_\_\_\_\_\_\_\_\_\_ |
| 7. Stocks  | 7. \_\_\_\_\_\_\_\_\_\_\_  |
| 8. Bonds  | 8. \_\_\_\_\_\_\_\_\_\_\_  |
| 9. Notes/Loans Receivable  | 9. \_\_\_\_\_\_\_\_\_\_\_  |
| Real Estate (excluding business property):  |   |

|  |  |
| --- | --- |
| **List address of each property held in your name or in that of an affiliated business entity (street, city, county, or Parcel ID#).** **Attach recap if necessary** **Address** |  |
| 10. Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11. Second Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12. Investment/ Rental Property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_13. Affected Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Land:14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Automobile(s) & truck(s) (Make & Year) (including “antique” or “vintage” vehicles):17. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recreational Vehicles: 19. Boats and watercraft 20. Motorcycles and land vehicles, including RVs & Trailers21. Aircraft22. Contents of home/apartment 23. Jewelry24. Life Insurance- cash surrender value Other Assets (Works of Art; Antiques; Valuable Collectibles):25. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 26. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 27. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_28. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**29. TOTAL ASSETS (add lines 1-28)**  | 10. \_\_\_\_\_\_\_\_\_\_11. \_\_\_\_\_\_\_\_\_\_12. \_\_\_\_\_\_\_\_\_\_13. \_\_\_\_\_\_\_\_\_\_14. \_\_\_\_\_\_\_\_\_\_15. \_\_\_\_\_\_\_\_\_\_16. \_\_\_\_\_\_\_\_\_\_17.\_\_\_\_\_\_\_\_\_18. \_\_\_\_\_\_\_\_\_19. \_\_\_\_\_\_\_\_\_\_20. \_\_\_\_\_\_\_\_\_\_21. \_\_\_\_\_\_\_\_\_\_22. \_\_\_\_\_\_\_\_\_\_23. \_\_\_\_\_\_\_\_\_\_24. \_\_\_\_\_\_\_\_\_\_25. \_\_\_\_\_\_\_\_\_\_26. \_\_\_\_\_\_\_\_\_\_27. \_\_\_\_\_\_\_\_\_\_28. \_\_\_\_\_\_\_\_\_\_**29. \_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **LIABILITIES:** **IMPORTANT: Attach most recent statement for all liabilities listed. For all secured debt list the applicable property to which the debt is related in the collateral column. Only liabilities with support provided will be considered for purposes of the analysis.**  |

|  |  |  |
| --- | --- | --- |
|  CREDITORS:  | COLLATERAL  | BALANCE  |
| 30. Mortgage on home (first)  | \_\_\_\_\_\_\_\_\_\_\_\_\_ **$** | 30. **\_\_\_\_\_\_\_\_\_**  |
| 31. Mortgage on home (second)  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 31. \_\_\_\_\_\_\_\_\_  |
| 32. Other Mortgages  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 32. \_\_\_\_\_\_\_\_\_  |
| 33. Automobile Loan- Auto 1  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 33. \_\_\_\_\_\_\_\_\_  |
| 34. Automobile Loan- Auto 2  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 34. \_\_\_\_\_\_\_\_\_  |
| 35. Bank Loan/Notes Payable- Secured  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 35. \_\_\_\_\_\_\_\_\_  |
| 36. Bank Loan/Notes Payable- Unsecured  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 36. \_\_\_\_\_\_\_\_\_  |
| 37. Unpaid Income Tax  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 37. \_\_\_\_\_\_\_\_\_  |
|  |  |  |
| Credit Cards:  |   |  |
| 38. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 38. \_\_\_\_\_\_\_\_\_  |
| 39. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 39. \_\_\_\_\_\_\_\_\_  |
| 40. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Debt: (name and address of creditor) | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 40. \_\_\_\_\_\_\_\_\_  |
| 41. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 41. \_\_\_\_\_\_\_\_\_  |
| 42. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 42. \_\_\_\_\_\_\_\_\_  |
| 43. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_  | 43. \_\_\_\_\_\_\_\_\_  |
| **44. TOTAL LIABILITIES (add lines 30-44) $**  | **44. \_\_\_\_\_\_\_\_\_**  |
| **45. PERSONAL NET WORTH**  | **45. \_\_\_\_\_\_\_\_**  |
| **(Total Assets [Line 29] minus Total Liabilities [Line 44])**  |
| **46. TOTAL NET WORTH** | **46.** **\_\_\_\_\_\_\_\_**  |
|  |  |

Final Certification page with signatures/notarization:

 I hereby authorize the Department of Environmental Protection to verify my past and present employment earnings records, tax returns, bank accounts, stock holdings, pension and social security records, credit information (including past and present mortgages), and any other assets, liabilities, revenues, or expenses necessary to perform an analysis of my financial condition.

I/WE also HEREBY CERTIFY to the best of my/our knowledge, information and belief that information provided in this financial affidavit is true and correct as of the date set forth opposite my/our signature(s) on this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant Date Affiant Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name typed, printed or stamped Name typed, printed or stamped

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , who being duly sworn, deposes and says that the preceding information is true and correct, and who is personally known to me or who has produced

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NAME, TITLE, ADDRESS AND PHONE NUMBER OF PERSON WHO PREPARED OR ASSISTED IN PREPARING THE AFFIDAVIT IF NOT THE APPLICANT:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE

MAILING ADDRESS

PHONE NUMBER

E-MAIL (only if checked regularly)