**INDIVIDUAL ABILITY TO PAY CLAIM**

***Financial Data Request Form***

[This document is not an official EPA form and its use is not mandatory. It is intended as a sample that outlines types of information that PRP search personnel may find useful for determining whether a PRP qualifies for an ATP settlement. To the extent this form and/or its contents are used, you may wish to delete from, add to, or otherwise modify them, depending on PRP- or site-specific information needs.]

This form requests information regarding your current financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly if you feel your situation is not adequately described through the information requested here.

**Financial data should be entered for the last day of the month preceding this month.**

**Certification**

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the Environmental Protection Agency to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

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| --- | --- | --- |
| **Name:** |  | |
| **Spouse’s Name:** |  | |
| **Address:** |  | |
| **County of Residence:** | |  |

**PART I. BACKGROUND INFORMATION**

| 1. **MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)** | | | |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to Head of Household** | **Currently Employed?** |
|  |  |  |  |
|  |  |  |  |

| 1. **EMPLOYMENT (List all jobs held by persons in household)** | | | |
| --- | --- | --- | --- |
| **Name** | **Employer** | **Length of Employment** | **Annual Salary** |
|  |  |  |  |
|  |  |  |  |

| 1. **INCOME (List all income earned by persons in household. If members of the household other than you and your spouse earn income, please itemize on separate page.)** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  |  | **Period of Payment (check one)** | | | |
| **Source** | **Gross Pay**  **(Pre-Tax)** | **Weekly** | **Monthly** | **Quarterly** | **Yearly** |
| Wages/Salaries |  |  |  |  |  |
| Sales Commissions |  |  |  |  |  |
| Investment Income  (Interest, dividends, capital gains, etc.) |  |  |  |  |  |
| Net Business Income |  |  |  |  |  |
| Rental Income |  |  |  |  |  |
| Retirement Income  (Pension, Social Security, etc.) |  |  |  |  |  |
| Child Support |  |  |  |  |  |
| Alimony |  |  |  |  |  |
| Other Income (Please itemize) |  |  |  |  |  |

**PART II. CURRENT LIVING EXPENSES**

Please list *personal* living expenses which were typical during the last year and indicate if any of these values are likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

|  | | **Period of Payment (check one)** | | | |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expense** | **Amount** | **Weekly** | **Monthly** | **Quarterly** | **Yearly** | **For Agency Use Only** |
| **A. Living Expenses** | | | | | | |
| 1. Rent |  |  |  |  |  |  |
| 2. Home Maintenance |  |  |  |  |  |  |
| 3. Auto fuel, Maintenance, Other |  |  |  |  |  |  |
| 4. Utilities |  |  |  |  |  |  |
| a. Fuel (gas, oil, wood, propane) |  |  |  |  |  |  |
| b. Electric |  |  |  |  |  |  |
| c. Water/Sewer |  |  |  |  |  |  |
| d. Telephone |  |  |  |  |  |  |
| 5. Food |  |  |  |  |  |  |
| 6. Clothing, Personal Care |  |  |  |  |  |  |
| 7. Medical Costs |  |  |  |  |  |  |
| **B. Debt Payments** | | | | | | |
| 1. Mortgage Payments |  |  |  |  |  |  |
| 2. Car Payments |  |  |  |  |  |  |
| 3. Credit Card Payments |  |  |  |  |  |  |
| 4. Educational Loan Payments |  |  |  |  |  |  |
| **C. Insurance** | | | | | | |
| 1. Household Insurance |  |  |  |  |  |  |
| 2. Life Insurance |  |  |  |  |  |  |
| 3. Automobile Insurance |  |  |  |  |  |  |
| 4. Medical Insurance |  |  |  |  |  |  |
| **D. Taxes** | | | | | | |
| 1. Property Taxes |  |  |  |  |  |  |
| 2. Federal Income Taxes |  |  |  |  |  |  |
| 3. State Income Taxes |  |  |  |  |  |  |
| 4. FICA |  |  |  |  |  |  |
| **E. Other Expenses** | | | | | | |
| 1. Childcare |  |  |  |  |  |  |
| 2. Current School Tuition/Expenses |  |  |  |  |  |  |
| 3. Legal or Professional Services |  |  |  |  |  |  |
| 4. Other (itemize on separate page) |  |  |  |  |  |  |
| **TOTAL CURRENT EXPENSES** |  |  |  |  |  |  |

**PART III. NET WORTH**

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable. Note estimated items with an "E".

If you are the sole proprietor of a business, list business assets and liabilities in addition to personal assets and liabilities, and mark these business entries with a "B".

|  |  |  |
| --- | --- | --- |
| 1. **BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs, etc.)** | | |
| **Name of Bank or Financial Institution** | **Type of Account** | **Current Balance** |
|  |  |  |
|  |  |  |
| For Agency Use Only – Total Current Balance in Bank Accounts | |  |

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| --- | --- | --- |
| 1. **INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investments Trusts (REITs), etc.)** | | |
| **Investment** | **Number of Share or Units** | **Current Market Value** |
|  |  |  |
|  |  |  |
| For Agency Use Only – Total Current Market Value of Investments | |  |

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| 1. **RETIREMENT FUNDS AND ACCOUNTS (IRA, 401(k), Keogh, vested interest in company retirement fund, etc.)** | |
| **Description of Account** | **Estimated Market Value** |
|  |  |
|  |  |
| For Agency Use Only – Total Current Market Value of Retirement Funds and Accounts |  |

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| --- | --- | --- | --- |
| 1. **LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)** | | | |
| **Policy Holder** | **Issuing Company** | **Policy Value** | **Cash Value** |
|  |  |  |  |
|  |  |  |  |
| For Agency Use Only – Total Market of Life Insurance Policies | | |  |

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| --- | --- | --- |
| **5a. VEHICLES USED FOR COMUTING PURPOSES (Cars, Trucks, Motorcycles, etc. Only list up to two vehicles used for commuting purposes.)** | | |
| **Model** | **Year** | **Estimated Market Value** |
|  |  |  |
|  |  |  |
| For Agency Use Only – Total Estimated Market Value of Vehicles | |  |

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| --- | --- | --- |
| **5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Recreational Vehicles, Motor Homes, Boats, Airplanes, etc.)** | | |
| **Model** | **Year** | **Estimated Market Value** |
|  |  |  |
|  |  |  |
| For Agency Use Only – Total Estimated Market Value of Vehicles | |  |

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| 1. **PERSONAL PROPERTY (Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. Only list items with a value greater than $500.00.)** | |
| **Type of Property** | **Estimated Market Value** |
|  |  |
|  |  |
| For Agency Use Only – Total Estimated Market Value of Personal Property |  |

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| --- | --- | --- |
| **7a. REAL ESTATE – PRIMARY RESIDENCE (Home – List only one such residence)** | | |
| **Location** | **Description of Property** | **Estimated Market Value** |
|  |  |  |
| For Agency Use Only – Total Estimated Market Value of Real Estate | |  |

|  |  |  |
| --- | --- | --- |
| **7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings)** | | |
| **Location** | **Description of Property** | **Estimated Market Value** |
|  |  |  |
|  |  |  |
| For Agency Use Only – Total Estimated Market Value of Real Estate | |  |

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| 1. **OTHER ASSETS** | |
| **Type of Asset** | **Estimated Market Value** |
|  |  |
|  |  |
| For Agency Use Only – Total Other Assets |  |

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| --- | --- | --- | --- |
| 1. **CREDIT CARDS AND LINES OF CREDIT** | | | |
| **Credit Card/Line of Credit (Type)** | **Owed To** | **Monthly Payment** | **Balance Due** |
|  |  |  |  |
|  |  |  |  |
| For Agency Use Only – Total Balance Due on Credit Cards and Lines of Credit | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **VEHICLE LOANS (Cars, Trucks, Motorcycles, Recreation Vehicles, Motor Homes, Boats, Airplanes, etc.)** | | | | | |
| **Vehicle (Model and Year)** | **Owed To** | **Balance Due** | **Monthly Payment** | **Start Date** | **End Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| For Agency Use Only – Total Balance Due on Vehicle Loans | | | |  | |

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| 1. **FURNITURE AND HOUSEHOLD GOODS LOANS** | | | | | |
| **List Item** | **Owed To** | **Balance Due** | **Monthly Payment** | **Start Date** | **End  Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| For Agency Use Only – Total Balance Due on Furniture and Household Goods Loans | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **MORTGAGES AND REAL ESTATE LOANS** | | | | | | |
| **Type of Loan** | **Owed To** | **Property Secured Against** | **Balance Due** | **Monthly Payment** | **Start Date** | **End Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| For Agency Use Only – Total Balance Due on Mortgages and Real Estate Loans | | | |  | | |

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| --- | --- | --- | --- | --- | --- |
| 1. **OTHER DEBT (Amounts due to individuals, fixed obligations, Taxes Owed, Overdue Alimony, Child Support, etc.)** | | | | | |
| **Type of Debt** | **Owed To** | **Balance Due** | **Monthly Payment** | **Start Date** | **End  Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| For Agency Use Only – Total Balance Due on Other Debt | | | |  | |

**PART IV. ADDITIONAL INFORMATION**

Please respond to the following questions. For any question that you answer "Yes", please provide additional information on separate pages or at the bottom of this page.

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YES** | **NO** |
| 1. Do you have any reason to believe that your financial situation will change during the next year? |  |  |
| 1. Are you currently selling or purchasing any real estate? |  |  |
| 1. Is anyone (or any entity) holding real or personal property on your behalf *(e.g.,* a trust)? |  |  |
| 1. Are you a party in any pending lawsuit? |  |  |
| 1. Have any of your belongings been repossessed in the last three years? |  |  |
| 1. Are you a Trustee, Executor, or Administrator? |  |  |
| 1. Are you a participant or beneficiary of an estate or profit-sharing plan? |  |  |
| 1. Have you been denied a loan or new credit card within the last six months? |  |  |
| 1. Have you declared bankruptcy in the last seven years? |  |  |
| 1. Do you receive any type of federal aid or public assistance? |  |  |

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| **Explanations for any of the above questions with a “YES” answer** | |
| **Question Number** | **Explanation** |
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