
Financial Disclosure Statement

To evaluate a hardship claim, the expenses you claim and support will be compared against averages spent for those expenses by families of the same size and income as yours. 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.

- **Provide complete information about your family income, expenses, and assets.**
- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of all sources of income.** You must submit two (2) most recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last year's W-2's and 1040 Income Tax Filing as proof of household income. Failure to provide this information may result in a denial of your claim of financial hardship.

Income

Name: _____ **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 LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Number of dependents: _____ (including yourself) **Marital status:** Married Single Divorced

Spouse's name: _____ **Spouse's SSN:** _____

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

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

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ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING

Other contributing residents: _____ **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 State and Explain Amounts Deducted from your pay on pay-stubs:

Life Insurance \$ _____
Medical & Dental Insurance: \$ _____
401k: \$ _____
Retirement \$ _____
Child Support: \$ _____
Garnishment: \$ _____
Other: \$ _____

Monthly Expenses

Shelter

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

Household expenses

Food Expenses: \$ _____ (Monthly)
Housekeeping Supplies: \$ _____ (Monthly)
Clothing & Cleaning: \$ _____ (Monthly)
Personal Care Services and Expenses: \$ _____ (Monthly)

Utilities

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

Medical

Insurance Premiums \$ _____/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

Number 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 Parking: \$ _____/per month

Other: \$ _____ Describe: _____

Child Care

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

Other Expenses

Other Insurance: \$ _____ /per month

Describe: _____

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

I declare under penalty of law that the answers and statements contained herein are, to the best of my knowledge and belief, true, correct, and complete.

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 to:

Pioneer Credit Recovery, Inc.

P.O. Box 349

Arcade, NY 14009

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.