

City:

County:

Financial Statement for Individuals

This Form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental cleanup or penalties. If you need more space for your answers, please attach additional sheets of paper. Note that further documentation may be requested of any of your responses. Any other information you with to provide supporting your case is welcome, particularly if you feel your situation is not adequately described through the information requested here.

Return completed forms to: Petroleum Tank Cleanup Section, Remediation Division Department of Environmental Quality PO Box 200901

Helena, MT 59620-0901

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 Department of Environmental Quality 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. Signature: Date: Name: Spouse's Name: Names of Additional Household Members: Street Address:

Zip Code:

State:

Household Members' Income									
List all income that household members earn and provide tax returns for the last three years.									
Name									
Relationship to Applicant	Self	Spouse							
Age						For	e perio	riod,	
Gender						specify either Weekly, Monthly, Quarterly, or Yearl			
Employer									
Years Employed									
Gross (Pre-Tax) Income						W	М	Q	Υ
Wages/Salaries									
Sales Commissions									
Investment Income									
Net Business Income									
Rental Income									
Pension Income									

Other (attach description)								
		Household Livir	ng Expenses					
List household living expenses typical of last business expenses; instead, attach any avai	t year, indicating wheth ilable financial statemer	er any are likely to cha nts for your business.	ange significantly in the	current year. If you o	wn an operating	, busines	s, exclud	le any
<u>Period</u>								
Expens	<u>e</u>		<u>Amo</u>	<u>ount</u>	W	М	Q	Y
Rent								
Home maintenance								
Transportation (including auto maintenance)								
Home heating oil, gas, etc.								
Electricity								
Water and sewer								
Telephone								
Food								
Clothing, personal care								
Medical (other than premiums)								
Mortgage payments (principal and interest o	nly)							
Car payments								
Credit card interest								
Educational loan payments								
Other debt payments								
Home insurance								
Life insurance								
Auto insurance								
Medical insurance								
Property taxes								
Federal income taxes (net of any refunds)								
State and local income taxes (net of any refu	unds)							
FICA								
Other taxes								
Childcare								
Tuition								
Legal or professional fees								
Other (attach description)								
		Net Wo	ortn					

Child Support Alimony

Provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; if you wish, note such items with an "E". if you are the sole proprietor of a business, please list business assets and liabilities to the extent that the information sought is not already provided in your tax returns, in addition to personal assets and liabilities. Mark these entries with a "B" to identify them as business assets and liabilities.

	Assets	Liabilities	Comments
Bank Accounts	<u>Balance</u>		
Checking, NOW, Savings, Money Market, CDs, etc.			

	Not Worth continued		
	Net Worth continued		
	Assets	Liabilities	Comments
Financial Investments	Market Value		
Stocks, bonds, etc.			
Retirement Funds and Accounts	Market Value		
IRA, 401(k), Keogh, vested interest in company retirement fund, etc.			
Life Insurance Policies (with cash value)	Cash Value		
	<u>Casii value</u>		
Whole life, universal life, etc.			
Vehicles Used for Commuting	Market Value	<u>Loan Balance</u>	
Cars, trucks, motorcycles, etc.; list up to two vehicles used for commuting purposes			
Vehicles (other than for commuting)	Market Value	Loan Balance	
Cars, trucks, motorcycles, recreational vehicles, motor homes, boats,			
airplanes			
Driman Davidana	Market Value	Martenana Dalanaa	
Primary Residence	<u>iviarket value</u>	Mortgage Balance	
5 15 11 11 11 11 11			
Real Estate (other than primary residence)	Market Value	Mortgage Balance	
Lands, buildings, land with buildings			
Personal Property	Market Value	Debt Balance	
Household goods and furniture, jewelry, art, antiques, collections, precious metals, etc.; list only items with a value greater than \$500			
The state of the s			

	Net Worth continued			
	Assets	Liabilities	Comments	
Credit Cards and Lines of Credit	10000	Balance Due		
Ordan Gardo dria Emico di Ordan		<u>Balairioo Bao</u>		
Other Debts and/or Assets	Market Value	Debt Balance		
Any other assets and any debts on those assets, plus any other	<u>Inanter value</u>	<u>Book Balarico</u>		
debts owed to individuals, fixed obligations, taxes owed, overdue alimony or child support, etc.				
			-1	
	Additional Information			
For any question where you answer yes, provide additional informati				
, ,			Yes No	
Do you have reason to believe financial situation will change during t	he next vear?			
Are you currently selling or purchasing any real estate?	,			
Is there property held by another person/entity on your behalf?				
Are you involved in a pending lawsuit (other than this enforcement as	ction)?			
Have you had any belongings repossessed in the last three years?	<u> </u>			
Are you a Trustee, Executor or Administrator?				
Are you a participant or beneficiary of an estate or profit-sharing plan?				
Have you declared bankruptcy in the last seven years?				
Do you receive any type of federal aid or public assistance?				
7 7 7 7 7 7				
Additional information you'd like us to consider:				
,				
Certification: Under penalties of perjury, I declare the other information is true, correct, and	at to the best of my knowledg complete		t of assets, liabilities, and	
Signature Print Na		Date		

Return completed forms to: Petroleum Tank Cleanup Section, Remediation Division
Department of Environmental Quality
PO Box 200901
Helena, MT 59620-0901
Questions? Call (406) 444-6444 or 800-246-8198