

This Statement of Financial Status form is in response to your request to establish a monthly payment plan. In order to determine a payment amount that is both affordable for you and reasonable based on the amount you owe, you must complete and return the form.

Instructions:

1. Complete every field on this form. If an answer is zero, write zero.
2. Do not include monthly payment on credit cards if the items purchased by that credit card fit under an expense category listed here. Include those costs under the expense category. For example, payments required on department store credit cards used to purchase clothing should be listed under clothing expenses.
3. If you are paying some expenses quarterly or annually, such as automobile insurance or property taxes, calculate the amount that would be due if these expenses were paid on a monthly basis and put that amount in the space provided.

4. Return the completed form to:

FINANCIAL ASSET MANAGEMENT SYSTEMS, INC. (FAMS)

VIA US MAIL: PO Box 1730

St. Charles, MO 63301

VIA email: comment@famspayonline.net

VIA FAX: (678)623-3505

5. We will notify you once we determine an acceptable monthly payment amount. You may call 1-877-539-3913 if you need further assistance.

STATEMENT OF FINANCIAL STATUS

Name: _____ SSN: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Last Name First Name

Amount you are proposing to pay each month: \$ _____

Address: _____
Street City State Zip Code

County in which you live: _____ Home Phone: _____

Employer name: _____

Employer address: _____
Street City State Zip Code

Employer telephone: _____

Number of dependents (as defined by IRS) including self: _____

Marital status (married, single, divorced): _____

Spouse's name: _____ SSN: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Last Name First Name

Monthly Income:

NOTE: Gross income is income before any deductions such as taxes. Net income is your take-home pay. Include a copy of recent pay stubs and Federal tax returns for you and your spouse.

Your average monthly income Gross \$ _____ Net \$ _____

Your spouse's monthly income Gross \$ _____ Net \$ _____

Other contributing resident(s) monthly income _____ Net \$ _____

Other (child support, etc.) Describe _____ Net \$ _____

Monthly Expenses:

Rent/Mortgage (To Whom) _____ \$ _____

Property Tax (To Whom) _____ \$ _____

Home/Renter Insurance (To Whom) _____ \$ _____

Food \$ _____ Electricity \$ _____ Water/Sewer \$ _____

Clothing \$ _____ Natural Gas \$ _____ Garbage \$ _____

Basic Phone \$ _____ Car Pymnt 1 \$ _____ Car Pymnt 2 \$ _____

Car Insurance \$ _____ Public Trans \$ _____ Gas & Oil \$ _____

Medical insurance payment not deducted from paycheck \$ _____

Medical co-payments and expenses not covered by insurance \$ _____

Monthly Child care expenses (number of children): _____ \$ _____
Monthly Child support (number of children): _____ \$ _____

List any other monthly expenses below:

1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____

Assets:

Bank Account 1 (Bank Name): _____ \$ _____

Bank Account 2 (Bank Name): _____ \$ _____

Bank Account 3 (Bank Name): _____ \$ _____

Stocks/Bonds (Bank Name): _____ \$ _____

Home Value \$ _____ Owed \$ _____

Car 1 (Year, Make, Model): _____ Value \$ _____ Owed \$ _____

Car 2 (Year, Make, Model): _____ Value \$ _____ Owed \$ _____

Please sign the declaration below:

I declare under penalties provided by 18 U.S.C Section 1001, that the answers and statements contained herein are to the best of my knowledge and belief true, correct and complete.

Signature: _____ Date: _____
mm/dd/yyyy

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 false, fictitious or fraudulent statements or representation..., shall be fined not more than \$10, 000.00, or imprisoned not more than five years, or both”.

PRIVACY ACT NOTICE

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. 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 employers, 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 Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.