Department of Homeland Security U. S. Coast Guard

CG PSC-7543 (Rev. 7/04)

STATEMENT OF FINANCIAL STATUS SUBMITTED FOR CONSIDERATION IN CONNECTION WITH INDEBTEDNESS TO THE UNITED STATES

Privacy Act Statement: Under the Debt Collection Act of 1982, your indebtedness may be liquidated by involuntary collection, installment payments, compromise or termination of collection action. The information regarding your financial status is requested in order to determine the proper action to be taken in your case and will not be divulged except in accordance with law. You are not required to provide this information; however, failure to do so may prevent the consideration of any action in your case other than collection of the full amount.

AMOUNT OF INDEBTEDNESS:

9

failure to do so may prevent the	consi			·							
		Co	mple	te this form a	and return it withi	n 10 d	ays.				
Name (Last, First, and Middle Initial)				Complete Maili	Complete Mailing Address (Street, Apt/Lot/Unit #, City, State and Zip Code)						
Social Security Number Age			Marital Status	Marital Status					Number of Dependents		
								•			
Occupation or Employment	Nan	ne and Add	lress of	Employer	☐ Married	Singl	е				
Do you own an automobile?			If so.	If so, give make and year			Balance of Debt				
☐ Yes ☐ No							\$				
Do you own your home?			If so, give purchase price				Balance of mortgage				
☐ Yes ☐ No			\$			\$					
Monthly Income					Other Assets						
Wages or salary (before deductions) \$					Approximate value of any real estate sweet sharp owned other than home						
Average of other income	\$				Average balance of your bank account \$			\$			
Average income of spouse \$					Approximate value of stocks, bonds, and other securities			\$	\$		
Total Monthly Income \$				Total Other Assets \$							
Monthly Expe	neae			List your oth	List your other debts, giving name of creditor, balance of debt, and monthly payment						
Monthly Expenses					Creditor		Balance of Debt			Monthly Payment	
Rent or home payment	\$						\$			\$	
Automobile payment	\$						\$			\$	
Food	\$						\$			\$	
Clothing	\$						\$			\$	
Utilities	\$						\$			\$	
Other (E.G. Gasoline, insurance, medical expenses)	\$						\$			\$	
Total Monthly Expenses	A			Tota	l Debts & Monthly Payn	onthly Payments \$				В	
Total Monthly Expenses	\$									\$	
Total Expenses and Paym State Proposed Plan For Payment: (If additional space is needed, use reverse side)								nents (Add A and B) \$			
State Proposed Plan For Payr	ment:	(If additi	onal s	space is needed,	use reverse side)						
			0.0	Til. 10.0 ii	1004* #						
I declare under the penalties provided for by U. S. C., Title 18 Section 1001*, that the answers and statements contained herein are to the best of my knowledge and belief true, correct, and complete.											
Signature							Date				
		10010									

*WARNING: U. S. C., Title 18, Section 1001 States, "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 representations, •••shall be fined not more than \$10,000 or imprisoned not more than five years, or both."