

## AGENCY PROFILE FORM

**Agency Information**

Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

**CFO Agency**      Yes \_\_\_\_\_ No \_\_\_\_\_

**Primary Contact Information**                      **Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

TROR Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**For FMS Use Only:**

Agency Code: \_\_\_\_\_  
 Expiration date of Agency Certification: \_\_\_\_\_

**Bureau Information**

Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

Treasury Fund Symbol \_\_\_\_\_

**Primary Contact Information**                      **Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

**DMS Agency Liaison Contact Information**

**Primary Contact Information**                      **Alternate Contact Information**

Name _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

**For FMS Use Only:**

Bureau Code: \_\_\_\_\_

## AGENCY PROFILE FORM

**Referring Office Information**

Referring Office Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

**Primary Contact Information                      Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

**For FMS Use Only:**

Referring Office Code: \_\_\_\_\_

**Program General Information**

Program Name: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Authorizing Statute: \_\_\_\_\_  
 Agency Location Code (ALC): \_\_\_\_\_

**For FMS Use Only:**

Program Code: \_\_\_\_\_

**Program Contact Information- Concurrence Requests**

**Primary Contact Information                      Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

**OPAC/IPAC Contact Information**

**Primary Contact Information                      Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

**Electronic File Contact Information**

**Primary Contact Information                      Alternate Contact Information**

Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

## AGENCY PROFILE FORM

### Program Financial Information: Accruals

#### Interest Accrual Options :Choose only one

- Do not accrue interest.  
 FedDebt will accrue *financing* interest.  
 FedDebt will accrue *additional* interest.  
 FedDebt will not accrue interest. Agency will provide adjustments for financing interest.\*  
 FedDebt will not accrue interest. Agency will provide adjustments for additional interest.\*

\*If the Agency will provide updates for either financing or additional interest, choose one of the following options for payment agreement processing.

- Reject interest updates and calculate agreement with no interest.  
 Calculate interest based on Agency information on last update.

#### Penalty Accrual Options :Choose only one

- FedDebt will accrue penalty.  
 FedDebt will not accrue penalty. (Provide the Penalty Exemption Statue)  
Penalty Exemption Statue \_\_\_\_\_  
 FedDebt will not accrue penalties. Agency will provide adjustments for penalties.\*

\*If the Agency will provide updates for penalty, choose one of the following options for payment agreement processing.

- Reject penalty updates and calculate agreement with no penalty.  
 Calculate penalty based on Agency information on last update.

### Program Financial Information: Fees

Fees should be paid by the Debtor\_\_\_\_ Creditor Agency\_\_\_\_

Upon return to CA Cross Servicing Fees should be: (choose one)

- Converted to Administrative Cost \_\_\_\_  
Removed from the Debt Balance \_\_\_\_

Upon return to CA PCA Fees should be: (choose one)

- Converted to Administrative Cost \_\_\_\_  
Removed from the Debt Balance \_\_\_\_

### Program Financial Information: Bankruptcy

Debts in this program are dischargeable. Yes\_\_\_\_ No\_\_\_\_

If No, please indicate the citation \_\_\_\_\_

### Program Detail Information

Program Classification (Choose One)

- Fines/Penalties    Education loan    Housing loan  
Admin debt        Medical            Benefit Overpayments  
Business loan    State/local government  
Other (specify name) \_\_\_\_\_

Treasury has full compromise authority: Yes \_\_\_\_ No \_\_\_\_

*If no, please answer the following*

Maximum Percent to be forgiven without obtaining CA concurrence: \_\_\_\_\_

Minimum Monthly Payment Amount: \_\_\_\_\_ **OR**

Maximum Number of Months for Repayment: \_\_\_\_\_

Agency/Program is required to obtain DOJ approval for compromises or terminations of \$100,000.00 or more. Yes\_\_\_\_ No\_\_\_\_

## AGENCY PROFILE FORM

Program Detail Information con't

Referred principal TAS: \_\_\_\_\_  
 Referred interest TAS: \_\_\_\_\_  
 Referred penalty TAS: \_\_\_\_\_  
 Referred admin cost TAS: \_\_\_\_\_  
 Payment Agreement Concurrent Contact: ***select only one***  
 \_\_\_ CA Main Contact \_\_\_ CA TROR Contact \_\_\_ Bureau Main Contact  
 \_\_\_ Office Main Contact \_\_\_ Program Main Contact \_\_\_ Program OPAC Contact  
 \_\_\_ Program EFC Contact

**Program Collection Action Eligibility**

Refer Debts to Private Collection Agency (PCA) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please indicate citation: \_\_\_\_\_

Perform Administrative Wage Garnishment Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide date and citation of hearing procedure regulation that your agency published. \_\_\_\_\_

Perform Credit Bureau Reporting Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide the "Original Creditor Name" that should be used for Credit Bureau reporting (limit of 30 characters) \_\_\_\_\_

If yes, Begin reporting immediately or apply Treasury Standard?  
 Immediate Reporting \_\_\_\_\_ Treasury Standard \_\_\_\_\_

Refer to Department of Justice Yes \_\_\_\_\_ No \_\_\_\_\_

Refer to Treasury Offset Program (TOP) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Use FedDebt TOP Profile Yes \_\_\_\_\_ No \_\_\_\_\_

If no to "Use FedDebt TOP Profile, please answer the following:  
 Agency to reduce debt balances to zero Yes \_\_\_\_\_ No \_\_\_\_\_  
 Indicate the payment types (Debt Match Bypass Indicators) against which debts should never be offset  
 SAL SSA, TAX, OTH (includes VEN & OPM).

When the debt has completed "active" collection activities via Cross-Servicing it should remain at TOP Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please answer the following  
 Leave in TOP until removal is required by law  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please indicate the number of months to leave in TOP with no offsets \_\_\_\_\_

File 1099-C for compromised and terminated debts Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide contact information:*

**1099-C Contact Information**

<b><u>Primary Contact Information</u></b>	<b><u>Alternate Contact Information</u></b>
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Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

Select the format in which you would like to receive the 1099-C report (choose only one option)

\_\_\_\_\_ On-line \_\_\_\_\_ Electronic File

**For FMS Use Only:**

Creditor Agency Active: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Created: \_\_\_\_\_

**For FMS Use Only:**

Program Designation Code: \_\_\_ / \_\_\_ \*\* / \_\_\_ / \_\_\_

Agency Liaison Notes: