

Updated: January 2021

The United States of America is authorized to inquire about your financial condition and economic circumstances and may verify any information provided in this statement.

This statement is considered incomplete unless you have (1) completed each section fully and accurately, including those sections applicable to your spouse, (2) provided all supportive documentation in your custody, possession and control identified in Section 17 of this disclosure statement, and (3) certified that the information contained herein is true and correct as of the date that you submit this form to the United States Attorney's Office as set forth in the attached Certification.

SECTION 1: PERSONAL IDENTIFICATION –DEBTOR

First Name:	Middle Name:	Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Other Names Used:	Social Security No:	Date of Birth:	Driver's Lic. No./State:	
Home Address (<i>Street, City, State & Zip Code</i>):			Years at Address:	
			Rent <input type="checkbox"/> Own <input type="checkbox"/>	
If renting, to whom do you pay rent? (<i>Name, Address, Phone Number</i>)				
Do you plan to move from this residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? If yes, where to?				
Mailing Address (If Different from Residence/Home Address):				
Home Telephone:	Cellular Telephone:	Work Telephone (incl. ext.):	Other Telephone:	
All E-Mail Address(es) used by you:				
All social media account(s) used by you:				
Do you possess a passport? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Country of Issue:	If yes, Date Issued:	Passport Number:	
Where is the passport?		Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION 2: MARITAL STATUS-DEBTOR

<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married As of:	<input type="checkbox"/> Legally Separated As of:	<input type="checkbox"/> Divorced As of:	<input type="checkbox"/> Widowed As of:
Do you or your spouse receive (check all that apply): Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Voluntary Payments <input type="checkbox"/>				
Alimony Amount: Source:	Child Support Amount: Source:	Voluntary Payment Amount: Source:		

My response(s) on this page are current, accurate, and complete as of the date that I submit this Financial Disclosure Statement to the United States Attorney's Office, under penalty of perjury. Debtor's Initials: _____

SECTION 3: PERSONAL IDENTIFICATION- SPOUSE

First Name:	Middle Name:	Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Other Names Used:		Social Security No:	Date of Birth:	Driver's Lic. No./State:
Home Telephone:	Cellular Telephone:	Work Telephone (incl. ext.):		Other Telephone:
E-Mail Address(es):				
Home Address (If different from debtor):				Years at Address:
				Rent <input type="checkbox"/> Own <input type="checkbox"/>
If renting, to whom does s/he pay rent? (Name, Address, Phone Number)				

SECTION 4: ADULT FAMILY MEMBERS/ RELATIVES –DEBTOR

Father's First Name:	Father's Last Name:	Mother's First Name:	Mother's Last Name:
Address:		Address:	
Sibling's First Name:	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	
Sibling's First Name:	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	
Adult Child's First Name:	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	
Adult Child's First Name:	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	

List name(s) and address(es) of ALL DEPENDENTS who live or do not live with you:

Name (include address if dependent does not live with you)	Date of Birth	Relationship

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SECTION 5: EMPLOYMENT DATA-DEBTOR

Do you have a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:	Supervisor E-mail:	
Employer's Address:			Supervisor Tel. Number:	
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) <input type="checkbox"/>				

Additional and/or Previous Employment within past five (5) years:

Dates	Occupation	Employer's Name and Address	E-mail/Telephone Number

Debtor's Gross Earnings from Employment (including bonuses, awards, etc.):

Year-to-date Gross Earnings	Prior Year Gross Earnings

SECTION 6: BUSINESS INTERESTS - DEBTOR

Within the last five years, have you owned and/or controlled any business or businesses? Yes No

If yes, please provide the following information:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:
Year-to-date Gross Revenue		Prior Year Gross Revenue	
Year-to-date Net Earnings		Prior Year Net Earnings	
Registered Agent Name and Address:		Form of Business (<i>Corp., Partnership, Sole-Proprietorship</i>):	

Please make a copy of this page and use additional sheets, as required, if you have additional businesses to disclose.

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SECTION 7: EMPLOYMENT DATA – SPOUSE

Does s/he have a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:	Supervisor E-mail:	
Employer's Address:			Supervisor Tel. Number:	
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) <input type="checkbox"/>				

Additional and/or Previous Employment within past five (5) years:

Dates	Occupation	Employer's Name and Address	E-mail/Telephone Number

Spouse's Gross Earnings from Employment (including bonuses, awards, etc.)

Year-to-date Gross Earnings	Prior Year Gross Earnings

SECTION 8: BUSINESS INTERESTS – SPOUSE

Within the last five years, has s/he owned and/or controlled any business or businesses? Yes No

If yes, please provide the following information regarding the business:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:

Year-to-date Gross Revenue	Prior Year Gross Revenue
Year-to-date Net Earnings	Prior Year Net Earnings
Registered Agent Name and Address:	Form of Business (<i>Corp., Partnership, Sole-Proprietorship</i>):

Please make a copy of this page and use additional sheets, as required, if you have additional businesses to disclose.

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SECTION 9: INCOME/EXPENSE SHEET – COMBINED HOUSEHOLD FOR DEBTOR AND SPOUSE

This is an estimate of your MONTHLY earnings and bills/obligations.

	Debtor	Spouse		Household
Net Income from Wages:			Rent/Mortgage:	
Net Earnings from Business:			Property Taxes:	
Rental Income:			Mortgage on other properties:	
Interest Income:			Vehicle Payment -1:	
Dividend Income:			Vehicle Payment -2:	
Monetary Gifts:			Gasoline:	
Alimony:			Alimony:	
Child Support:			Child Support:	
Unemployment Income:			Automobile Insurance:	
AFDS and/or Food Stamps:			Health Insurance:	
Pension Income:			Medical Expenses:	
Other Retirement Income:			Groceries:	
Social Security Income:			Electricity:	
Disability Insurance Income:			Natural Gas:	
Payments from Trusts:			Water/Sewage:	
Other Monthly Income (explain):			Home Telephone:	
			Cellular Telephone:	
			Cable/Satellite TV:	
			Internet:	
			Tuition:	
			Other Expenses (explain):	
<u>TOTAL INCOME PER MONTH:</u>			<u>TOTAL MONTHLY EXPENSES:</u>	

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SECTION 10: ASSETS – DEBTOR AND SPOUSE

SUBPART A: BANK, CREDIT UNION, FINANCIAL INSTITUTION, ACCOUNTS

Do you have ANY accounts at ANY financial institution? Yes No If yes, you are required to disclose all financial accounts to which you have access, whether personal or business, including, without limitation, the following: Checking Accounts, Savings Accounts, Certificates of Deposit, Investment Accounts, Stocks, Bonds, Mutual Funds, Cryptocurrency Accounts, IRA, KEOGH, 401(k), TSP, and/or other Retirement Accounts.

Name of Financial Institution	I – Individual Acct J – Joint Account	Type of Account	Account Number	Current Balance
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			
	<input type="checkbox"/> -I <input type="checkbox"/> -J			

SUBPART B: LIFE INSURANCE

Are you insured with and/or the beneficiary of any life insurance policy? Yes No

Identity of Insured: <i>(e.g. Debtor/Spouse/Parents)</i>		
Name of Beneficiary: <i>(e.g. Debtor/Spouse/Parents)</i>		
Name of Insurance Company:		
Address of Insurance Company:		
Type of Policy: <i>(e.g. Whole/Term/Universal/Variable)</i>		
Face Amount of Policy:		
Total Cash Surrender Value:		
Total Loans Against Policy:		
Yearly Premium:		
To Whom Policy Assigned:		

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SECTION 11: ASSETS – DEBTOR AND SPOUSE (Continued)

SUBPART A. FAIR MARKET VALUE OF ALL REAL ESTATE

Do you, your spouse and/or any businesses identified in Sections 6 and/or 8 own any real estate? Yes No

If yes, how many real properties? _____

If yes, list all property owned by you, your spouse and/or any businesses identified in Section 6 or Section 8.

1st Property Address:		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price:	Current Fair Market Value:	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount:	Unpaid Mortgage Amount:	Monthly Mortgage Payment:
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage):	Monthly Lien Payment:		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any)
2nd Property Address:		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price:	Current Fair Market Value:	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount:	Unpaid Mortgage Amount:	Monthly Mortgage Payment:
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage):	Monthly Lien Payment:		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any)

Do you, your spouse and/or any businesses identified in Sections 6 and/or 8 have real estate under contract pending to be purchased or sold? Yes No

Property Address:		Name of Seller/Buyer:	
Description of Property:	Contract Price:	Principal Amount Owed/Due:	Date of Next Payment:

Please make a copy of this page and use additional sheets, as required, if you have additional properties to disclose.

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SECTION 11: ASSETS – DEBTOR AND SPOUSE -- (Continued)

SUBPART B. AUTOMOBILE, TRUCKS, BOATS, AIRPLANES, AND OTHER VEHICLES

Do you, your spouse and/or any businesses identified in Section 6 and/or 8 possess any vehicles? Yes No

If yes, how many? _____ If yes, provide details. Use additional pages if necessary:

		1st Vehicle	2nd Vehicle	3rd Vehicle
Vehicle Type				
Make/Model/Year				
Registered Owner's Name				
VIN/HIN/N-number				
Registration State				
State Registration or License Plate Number				
Vehicle Location				
Date Acquired				
Lease or Own				
If you OWN the vehicle, state:	Purchase Price			
	Current Value			
	Lender's Name			
	Loan Account No.			
	Original Loan Amt.			
	Current Loan Balance			

SUBPART C. OTHER ASSETS

All other assets, including but not limited to, cash, pre-paid cash cards, gold coins, collectibles, fine jewelry, antiques, patents, copyrights, mineral rights, oil rights, etc.? Yes No If Yes, provide details:

Type of Asset	Legal Owner Name	Asset Location	Purchase Price	Current Value

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SECTION 12: QUESTIONS REGARDING ASSETS

QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
A. Do you and/or your spouse own or hold any securities not listed above? <i>(If yes, in the space below, identify the type of stock, number of shares owned, and estimated value.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Are you and/or your spouse a board member, officer, or director of any corporation? <i>(If yes, in the space below, provide details, including name and address of corporation, term of service, and compensation received.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are you and/or your spouse a partner in any partnership? <i>(If yes, in the space below, provide details, i.e., name and address of the partnership, identify all partners, and percentage of partnership.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Are you and/or your spouse involved in a lawsuit in which you seek monetary compensation? <i>(If yes, in the space below, provide details re: the name of the lawsuit, Court, Case Number, your attorney's name and contact information, and the amount of your claim.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you and/or your spouse have any pending contractual claims, legal claims, and/or insurance claims for monetary compensation? <i>(If yes, provide details re: the type(s) of claim(s), value of claim(s), and details on compensation.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Are you and/or your spouse the Executor or Beneficiary of anyone's will and testament? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Are you and/or your spouse the Trustor, Trustee, and/or Beneficiary of any Trust? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
H. Have you and/or your spouse placed any assets in any Trust in the last five (5) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Do you and/or your spouse have any lease agreements with tenants for any of your real estate properties? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Have you, your spouse, and/or your dependents received any gifts valued over \$5,000 in the last three (3) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
K. Has anyone or any entity extended a loan to you and/or your spouse valued over \$1,000 in the last three (3) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Do you and/or your spouse have a safe or safe deposit box where you keep valuables? <i>(If yes, in the space below, provide details on the location of the safe and/or safe deposit box and the value of the contents.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Have you and/or your spouse filed for bankruptcy in the last ten (10) years? <i>(If yes, in the space below, provide case number, attorney's name.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Are your wages and/or your spouse's wages under garnishment at this time? <i>(If yes, provide details - By whom? How often? How much? For what purpose?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
O. Have you and/or your spouse used any mobile payment apps (e.g. PayPal, Venmo, Square Cash, Google Wallet, Apple Pay, etc.) in the last three (3) years? (If yes, provide details -- Which apps? How often? How much? For what purpose?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 13: TAXES – DEBTOR AND SPOUSE

Did you and/or your spouse file Tax Returns in any of the last two (2) years? Yes No

(If yes, mark each box that applies to your Tax Returns from the years requested below.)

Current Tax Year	Debtor	Spouse	Prior Tax Year	Debtor	Spouse
Federal Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
State Tax Returns: Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	State Tax Returns: Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Individual Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Individual Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Refund: Yes <input type="checkbox"/> No <input type="checkbox"/>			Refund: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Amount of Refund:			Amount of Refund:		

SECTION 14: TRANSFERS/GIFTS/LOANS-DEBTOR AND SPOUSE

Have you and/or your spouse transferred ownership of any funds, and/or real or personal property worth \$10,000 or more within the last three (3) years, not otherwise identified on this disclosure statement? Yes No

Date	Amount (\$)	Property Transferred	From	To

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SECTION 15: FAVORABLE JUDGMENTS AND SETTLEMENTS – DEBTOR AND SPOUSE

Have you received a settlement or favorable judgment in the last five (5) years? Yes No

Date of Judgment	Name of Court of Judgment	Name, Address and Telephone Number of Opposing Party	County/State of Judgment	Value

SECTION 16: LIABILITIES – DEBTOR

Provide the following information regarding your outstanding debts:

Type of Debt	Creditor	Contact Information	Account Number	Balance

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SECTION 17: REQUIRED COPIES OF FINANCIAL RECORDS, ASSETS, AND LIABILITIES

In connection with this financial disclosure statement, you are required to produce to the United States Attorney's Office for the Northern District of New York the following documentation in your possession, custody, and/or control. **Please Check Each Type of Document in your possession, custody and/or control and submit copies with this disclosure.**

- Employment Income** – Paystubs for the last twelve (12) pay periods for you and/or your Spouse for all employment identified in *Section 5* and/or *Section 7*.
- Business Records** –For each and every business in which you (and/or your spouse) have had any ownership interest (excluding any publicly traded businesses) in the last three (3) years, including, without limitation, any business(es) identified in *Section 6* and/or *Section 8*, provide all Profit and Loss Statements, Balance Sheets, and Cash Flow Statements for the last twelve (12) months.
- Non-Employment Income** – Statements for the past twelve (12) months reflecting income received (and/or your spouse) from any source other than employment, including without limitation, those sources identified in *Section 6*, *Section 8*, *Section 10* and/or *Section 11*.
- Government Benefits** – Statement for the last twelve (12) months reflecting any government benefits received by you, including without limitation, any benefits identified in *Section 9*.
- Credit Cards** –Statements for the past twelve (12) months for all of your (and/or your spouse's) credit cards, including without limitation any identified in *Section 9* and/or *Section 16*.
- Bills/Expenses** – Statements for the last twelve (12) months establishing all monthly expenses identified in *Section 9* and/or *Section 16*.
- Financial Account Statements** – Account Statements and copies of cancelled checks for the past twenty-four (24) months for all financial accounts you (and/or your spouse) access including, without limitation, those identified in *Section 10, Subpart A*.
- Life Insurance** – Copies of the life insurance policies identified in *Section 10, Subpart B*.
- Mortgage Statements** – Monthly statements for the last twelve (12) months for all mortgages either (a) paid by you (and/or your spouse) regardless of how the property is held, and/or (b) on all properties identified in *Section 11, Subpart A*.
- Real Property Lease Agreements** – For each and every real property on which you (and/or your spouse) collect or pay rent, provide a copy of the rental (lease) agreement, including without limitation any properties identified in *Section 11, Subpart A* and/or *Section 12, Question B*.

(list continued on the next page. . .)

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- Vehicles** – Title(s) and Registration certificate(s) for all motor vehicles, aircraft and watercraft owned and/or leased by you (and/or your spouse), including without limitation those identified in **Section 11, Subpart B**.
 - Investments** – Quarterly statements for the last four (4) quarters for all investment accounts, in which you (and/or your Spouse) have an ownership interest, including, without limitation, those identified in **Section 11, Subpart A** and/or **Section 12, Question A**.
 - Lawsuits** – All complaints and judgments in any civil lawsuit in which you are a party including, without limitation, those identified in **Section 12, Question D**.
 - Trusts** – For each and every trust for which you are a trustor, trustee, and/or beneficiary including, without limitation, those identified in **Section 12, Question G**, provide all trust agreements, trust tax returns for last three (3) years, a list of the original and the current trust assets and their values, trust bank account statements for the last twelve (12) months, and all documents showing disbursements from the trusts (for the past 3 years).
 - Personal Property** – Documents reflecting the transfer of ownership of any personal property valued at \$5,000 or more within the last three (3) years, including without limitation, those transfers identified in **Section 12, Question J** and/or **Section 14**.
 - Loan Applications** – All applications submitted by you (and/or your spouse) to obtain a loan within the last three (3) years, including, without limitation, those identified in **Section 12, Question K**.
 - Tax Returns** – Federal and State tax returns for the last three (3) years, filed by you and/or your spouse identified in **Section 13** and/or any business identified in **Section 6** and/or **Section 8**.
 - Documents Supporting Tax Returns** – All supporting schedules, W-2 Forms, 1099s, and other documents related to the Federal and State tax returns for the past three (3) years filed by you and/or your spouse identified in **Section 13**, and/or any business identified in **Section 6** and/or **Section 8**.
 - Promissory Notes** – All promissory notes reflecting that you (and/or your spouse) is a payee owed a sum of money now or in the future.
 - Certification Under Penalty of Perjury Form** - You **must** sign the required Certification Under Penalty of Perjury Form. A separate form is attached for your signature.

CERTIFICATION UNDER PENALTY OF PERJURY

Please read carefully. Sign and date in the spaces indicated.

With knowledge of the penalties for false statements provided by Title 18 § 1001 of the United States Code (\$250,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the United States Department of Justice, I certify that the above disclosure statement is true and correct, and is a complete statement of all my income and assets, real and personal, whether held in my name or by any other. The United States Department of Justice or its agents may verify any information provided in the above disclosure statement by any means, including but not limited to, confirmation with any third parties.

My permission for such verification and the information set forth in the above disclosure statement are provided by me knowingly, deliberately, and voluntarily without duress, compulsion, or misconduct by the United States or any person.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

EXECUTED ON THIS _____ DAY OF _____ (MONTH), _____ (YEAR),
AT _____ (CITY/STATE).

SIGNATURE/DEBTOR

PRINTED NAME/DEBTOR

If you were assisted by someone in filling out this financial statement, please state name and relationship, and have the person sign below.

SIGNATURE

RELATIONSHIP

PRINTED NAME

DATE