

U.S. DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard CG-7543 (Rev. 02-10)	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: <div style="font-size: 2em; text-align: center;">\$</div>			
Complete this form and return it within 10 days.				
Name (Last, First, and Middle Initial)	Complete Mailing Address (Street, Apt/Lot/Unit #, City, State and Zip Code)			
Employee ID Number:	Age	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Number of Dependents	
Occupation or Employment	Name and Address of Employer			
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give make and year	Balance of Debt \$		
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give purchase price \$	Balance of mortgage \$		
Monthly Income		Other Assets		
Wages or salary (before deductions)	\$	Approximate value of any real estate 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 Expenses		List your other debts, giving name of creditor, balance of debt, and monthly payment		
		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 \$	Total Debts & Monthly Payments	\$	B \$
Total Expenses and Payments (Add A and B)				\$
State Proposed Plan For Payment: (If additional space is needed, use reverse side) <div style="height: 100px;"></div>				
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	
*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."				