

PECFA FINANCIAL STATEMENT

Submitted for Waiver of Deductible

(608) 266-6796
 (608) 267-1381 FAX

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].
 This form is to be submitted with the Application for Waiver of PECFA Deductible form (ERS-10756) to the address listed above.

PECFA NUMBER: _____ - _____ - _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____

INCOME: (per=weekly, monthly etc.)

Your Gross Salary or Wages \$ _____ per _____	Pension or Disability \$ _____ per _____	Spouse Gross Salary/Wages if employed \$ _____ per _____
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<u>Other Income Sources:</u>	<u>Amount</u>	<u>Per</u>
Interest Income:	_____	_____
Dividend Income:	_____	_____
Other:	_____	_____

ASSETS:

Personal Residence: Own _____ Rent _____	Monthly Rent or Mortgage Payment: \$ _____ Incl. taxes? yes or no	If own residence is it paid for? Yes _____ No _____
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If residence is not paid for, list mortgage holder/city/state: _____	Mortgage balance owed: \$ _____
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List market value of residence: \$ _____ (attach copy of most current tax bill)

Do you own or have interest in any other real estate? Yes _____ No _____ (If "yes", answer questions below.)

<i>Description of Real Estate</i>	<i>City/County Location</i>	<i>Market Value</i>	<i>Own with others? Whom?</i>

List all financial institutions you and/or your spouse have cash investments in: (type=checking, savings etc.)

<i>Institution Name</i>	<i>Address, City & State</i>	<i>Dollar Amount</i>	<i>Type</i>

List any stocks, bonds, options, notes, or other like property in which you or your spouse have an interest:

<i>Description</i>	<i>Value</i>	<i>Owner Name(s)</i>

Do you have a vested interest in a pension or profit sharing plan? Yes _____ No _____ (If "yes", please list below.)

<i>Name of Plan and Address</i>	<i>Dollar Value</i>

List all vehicles, including motorcycles, boats, snowmobiles, trailers, recreation vehicles and all terrain vehicles:

<i>Year</i>	<i>Description</i>	<i>Value</i>	<i>Owner(s)</i>

List other items of personal property which exceed \$500.00 in value which you or your spouse have an interest:

<i>Description of Items</i>	<i>Value</i>	<i>Owner(s)</i>

EXPENSES:

List ALL your monthly expenses:

<i>Description</i>	<i>Mo. Amt.</i>	<i>Description</i>	<i>Mo. Amt.</i>
<i>Rent/Mortgage Payment</i>		<i>Insurance (Medical, Auto etc.)</i>	
<i>Utilities</i>		<i>Medical/Medicine</i>	
<i>Food</i>		<i>Clothing</i>	
<i>Auto/Transportation</i>		<i>Entertainment</i>	

LIABILITIES:

List all liabilities of yourself and your spouse which have not been discharged in a bankruptcy:

<i>Description/Owed to/City/State</i>	<i>Amount owed</i>	<i>Payment amt./List if mo./wk.</i>

Have you ever declared bankruptcy? Yes _____ No _____ If "yes", when? _____
Are you delinquent in any payment of taxes? Yes _____ No _____ If so, explain:

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below.

Signature

Date

Signature

Date