



FS-H
SF# 53302
(R/5-07)

Indiana Department of Revenue

Claim for Hardship

Financial Statement for Claim for Hardship

Please refer to pages 1 and 2 of this document to determine your eligibility and the requirements for this program. Your failure to follow all instructions provided and submitting all required documentation will result with your application being rejected. You will be notified within 15 to 20 working days, or less, if you have been accepted into or rejected from the Claim for Hardship program.

Personal Information

Name:	Spouse's Name:
Social Security Number:	Spouse's Social Security Number:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Telephone Number: ()	Home Telephone Number: ()
Cell Phone: ()	Cell Phone: ()
Date of Birth:	Date of Birth:

Dependents

Please list the name, age and relationship of all dependents who live with you.

Name	Age	Relationship

Employment Information

Your Employer's Name:	Spouse's Employer's Name:
Years Employed:	Years Employed:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number: ()	Phone Number: ()

Bank Account(s) Information

Please include all checking, savings, credit union accounts, Certificates of Deposit, and list safety deposit boxes held by you, your spouse and dependents.

Type of Account	Financial Institution Name	Account Number	Present Balance

Schedule 1**Monthly Income Information**

Your net pay	\$ _____
Your spouse's net pay	\$ _____
Rents paid <u>to</u> you (list property rent is being derived from).....	\$ _____
Pensions	\$ _____
Social Security Benefits	\$ _____
Social Security Disability	\$ _____
Profit from your business (must attach Federal Schedule C, E, F or any other pertinent schedules) ...	\$ _____
Commissions	\$ _____
Alimony/Child support received	\$ _____
Welfare/Food Stamp assistance	\$ _____
Other income (please list source)	\$ _____
Total Monthly Income	\$ _____

Schedule 2**Monthly Expenses Information**

Rent	\$ _____
Mortgage	\$ _____
Alimony/Child support paid	\$ _____
Groceries	\$ _____
Electricity	\$ _____
Heat (oil, gas, etc.)	\$ _____
Water/Sewer	\$ _____
Telephone	\$ _____
Transportation (gasoline, bus fare, etc.)	\$ _____
Medical Expenses (physician's bills, medication not paid by insurance)	\$ _____
Insurance Cost -	
Automobile	\$ _____
Health/Hospitalization	\$ _____
Life	\$ _____
Homeowner's/Renter's	\$ _____
Total cost of insurance (auto, health, life, home, rental, etc.)	\$ _____
Total cost of credit card payments (list card information on Schedule 3)	\$ _____
Total loan payments (list loan information on schedule 4)	\$ _____
Other expenses (please itemize and explain below)	\$ _____
Total Monthly Expenses	\$ _____

Other Expenses

Itemized Monthly Expenses and Explanations (attach additional sheets as needed)

Schedule 3**Credit Card Information**

List all credit card, lines of credit, and check overdraft protection held by you, your spouse, and/or your dependents (attach additional sheet as needed)

Name	Credit Limit	Balance Due	Expiration Date

Schedule 4**Loan Information**

List all loans that are currently outstanding

Name of Financial Institution	Amount of Payment	Balance Due

Schedule 5**Motor Vehicle Information**

Year	Make/Model	Financed Through	Current Value

Schedule 6**Real Estate Information**

Address	Financed Through	Current Value

Other assets

List other items that you, your spouse, and/or your dependents own or are currently buying (i.e. stocks, bonds, boats, furniture, jewelry, mechanics tools, RV, etc...)

If you are currently living with another individual, family or friend, and are paying no monthly expenses, that individual must read and understand the statement below and then sign and date this form.

Under penalties of perjury, I declare that the named individual(s) on this Financial Statement are currently residing with me and pay no monthly living expenses.

Printed Name

Signature

Date

Additional Information

Payment Plan Information

List below your **requested** payment plan arrangements that you can presently make.

Down Payment: \$ _____ Monthly Payment: \$ _____

Please explain how you determined these figures:

Under penalties of perjury, I declare that this statement of assets and liabilities and all other information included in this document or attached thereto are true and correct to the best of my knowledge and belief. I authorize the Indiana Department of Revenue to verify any and all facts included in this document.

Your Signature

Date

Spouse's Signature

Date