



STATEMENT OF FINANCIAL HARDSHIP

If additional space is needed please attach separate sheet.

Property Address: _____

Your Name and Address: _____

Home Phone: _____ Cell Phone: _____

Marital Status: _____ Number in Household: _____

Your Date of Birth: _____

Spouses Name: _____ Date of Birth: _____

SECTION 1-----EMPLOYMENT INFORMATION

Your Employer or Business: Name: _____

Address: _____

Phone: _____

Occupation: _____

Are you: Employee Partner Sole Proprietor

Pay Basis: Weekly Monthly Other

Spouse's Employer or Business: Name: _____

Address: _____

Phone: _____

Occupation: _____

Are you: Employee Partner Sole Proprietor

Pay Basis: Weekly Monthly Other



OFFICE OF MANAGEMENT AND BUDGET ACCOUNTS RECEIVABLE DIVISION
 611 WEST JEFFERSON STREET, 2ND FLOOR LOUISVILLE, KENTUCKY 40202

SECTION 2-----ASSETS:

Assets	Name of Institution	Address of Institution	Type of Account	Balance
Bank Accounts (include savings, loans, credit unions, certificates of deposits, etc..)				\$
				\$
Stocks, Bonds, Investments				\$
Cash				\$
Bank Revolving Credit				\$
	Description and Type of Ownership	Address	Current market Value	Balance Due
Vehicles (model, year)	1.		\$	\$
	2.		\$	\$
	3.		\$	\$
Real Property (land)	1.		\$	\$
	2.		\$	\$
	3.		\$	\$
Other Assets	1.		\$	\$
	2.		\$	\$
	3.		\$	\$

SECTION 3-----LIABILITIES

Return completed forms/packet to:
 Accounts Receivable, Attention: John Flood, 611 W Jefferson, 1st floor, Louisville, KY 40202
John.Flood@louisvilleky.gov



OFFICE OF MANAGEMENT AND BUDGET

ACCOUNTS RECEIVABLE DIVISION

611 WEST JEFFERSON STREET, 2ND FLOOR LOUISVILLE, KENTUCKY 40202

Other Liabilities	Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available

Federal Taxes Owed: \$ _____

Other Taxes Owed: \$ _____

SECTION 4-----MONTHLY INCOME AND EXPENSES ANALYSIS

INCOME

EXPENSES

Source	Gross/Month	Net/Month		Monthly
Wages/Salaries	\$	\$	Rent/House Payment	\$
Wages/Salaries (spouse)	\$	\$	Groceries	\$
Interest/Dividends	\$	\$	Total monthly payment from Section 3-Liabilities	\$
Business Income	\$	\$	Utilities-water, Electric, Telephone, etc...	\$
Rental Income	\$	\$	Insurance (monthly)	
Pension	\$	\$	Auto	\$
Pension (spouse)	\$	\$	Life	\$
Other Income	\$	\$	Medical, etc	\$
			Other (child support, etc..) specify	
			OTHER EXPENSES	\$
Total Monthly Income	\$	\$	TOTAL MONTHLY EXPENSES	\$

SECTION 5---STATEMENT OF FINANCIAL HARDSHIP (attach additional pages if needed)

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS STATEMENT OF ASSETS, LIABILITIES AND OTHER INFORMATION IS TRUE, CORRECT AND COMPLETE.

Your Signature	Spouse's Signature	Date
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