



OFFICE OF REVENUE RECOVERY

Michelle Ronning, Revenue Recovery Manager

Tuolumne County Administration Center
2 South Green Street
Sonora, California 95370
Phone (209) 533-5920

Financial Assessment Requirements

In order for our department to complete a financial assessment to determine ability to pay court ordered or county debt we require the below information. Failure to provide documentation will make you ineligible for the reduced rate.

Name: _____ Case #: _____ Date: _____

Personal Information:

Completed Financial statement – Form will be rejected if incomplete or inaccurate information is given

Household Expenses:

House payment or rent: Provide copy of a mortgage statement, if renting, a copy of the rental agreement

Electricity/Gas/Water/Telephone: Provide copy of the most current statements

Auto Insurance: Provide copy of policy showing the auto(s) covered and the name of policy holder

Income Sources:

Employment: Provide copies of pay stubs for three months. If self-employed or side work is part of income, provide proof of work performed.

Unemployment / Social Security / Retirement: Provide copies of documentation that shows whom the benefits are paid to, how often, and the amounts

Welfare/Child Support/Food Stamps: Provide copies of documentation that shows to whom the benefits are paid to, how often and amounts. Provide name and phone number of case worker

Bank Statements: Provide copies of three current bank statements for each bank account in your name

Monthly Payments:

Creditor Info-Credit Cards, loans, etc.: Provide copies of three monthly statements

Child Support Payments: Provide proof of payments from child support office.

✓ **next to each item once documents have been compiled and return as your coversheet. Use the back of this form to explain why you may have missing information or documentation.**

*This form and supporting documents may be dropped off in our office, mailed to the address above or emailed to: revenuerecovery@tuolumnecounty.ca.gov. Incomplete applications will **NOT** be processed.

*Submitted documents will not be returned. It is your responsibility to make copies before dropping off your documents.

*Applications may take up to 10 business days to process. It is your responsibility to follow up with your collection officer at least 10 business days after submitting your application.

I am applying for a reduction on account: _____

Please explain why you are asking for a reduction: _____

I am missing the following documents from my Financial Evaluation:

Document Name:	Reason:

I certify that this application is complete and all required documentation has been submitted for review.

Signature: _____ Submission Date: _____

For Office Use Only:

Application Approved: _____ New payment plan amount: _____

- Application Denied: _____ Reason:
- _____ Incomplete Financial Statement
 - _____ Back up documentation not provided
 - _____ Inaccurate information Provided
 - _____ Does not meet criteria for reduction

**Tuolumne County
Office of Revenue Recovery**

Financial Statement Form

Please complete both sides of this form and return it to the Office of Revenue Recovery.

PERSONAL INFORMATION

NAME (Last) _____ (First) _____ (M.I.) _____

Other Names Used _____

MAILING ADDRESS _____

City _____ State _____ Zip _____

STREET ADDRESS _____

City _____ State _____ Zip _____

HOME PHONE () _____ - _____ WORK () _____ - _____

CELL PHONE () _____ - _____ OTHER () _____ - _____

DATE OF BIRTH _____ - _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

DRIVERS LICENSE # _____ EMAIL _____

EMPLOYMENT INFORMATION

EMPLOYER _____ START DATE _____

EMPLOYER ADDRESS _____

PHONE () _____ - _____ JOB TITLE _____

If not currently employed, when were you last employed? _____

CURRENT GARNISHMENTS? \$ _____

SPOUSE INFORMATION

ARE YOU MARRIED? Y / N IF YES, PLEASE FILL OUT SECTION BELOW

NAME (Last) _____ (First) _____ (M.I.) _____

DATE OF BIRTH _____ - _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

DRIVERS LICENSE # _____

EMPLOYER _____ START DATE _____

EMPLOYER ADDRESS _____

PHONE () _____ - _____ JOB TITLE _____

If not currently employed, when were they last employed? _____

CURRENT GARNISHMENTS? \$ _____

DEPENDENT INFORMATION

LIST ALL DEPENDENTS, THEIR AGE, AND THEIR RELATIONSHIP TO YOU:

_____, _____, _____
_____, _____, _____
_____, _____, _____
_____, _____, _____
_____, _____, _____

FINANCIAL INFORMATION

MONTHLY INCOME

TAKE HOME INCOME \$ _____
SPOUSE'S INCOME \$ _____
OTHER INCOME \$ _____
SOURCE: _____

MONTHLY LIVING EXPENSES

RENT OR MORTGAGE \$ _____
OTHER REAL ESTATE \$ _____
AUTO PAYMENT \$ _____
FOOD \$ _____ UTILITIES \$ _____
CHILD / SPOUSAL SUPPORT? _____
AMOUNT? \$ _____

IF YOU HAVE NO INCOME, HOW ARE YOU MEETING YOUR BASIC LIVING EXPENSES?

DO YOU OWN PROPERTY? Y / N ADDRESS: _____

OTHER DEBTS - CREDIT CARD DEBTS, LOANS, CHARGE ACCOUNTS

<u>NAME OF COMPANY</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

BANKING INFORMATION

NAME OF BANK OR CREDIT UNION _____

ACCOUNT BALANCES

CHECKING \$ _____ SAVINGS \$ _____
OTHER \$ _____

READ CAREFULLY BEFORE SIGNING:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HERON ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PERJURY IS PUNISHABLE BY IMPRISONMENT.

I / WE AUTHORIZE THE COUNTY OF TUOLUMNE AND IT'S DULY AUTHORIZED REPRESENTATIVES TO CONTACT ANY EMPLOYER, BANK, SAVINGS AND LOAN, CREDIT UNION, CREDIT REPORTING AGENCY, CREDITOR, ATTORNEY AT LAW OR GOVERNMENTAL AGENCY REGARDING MY / OUR FINANCIAL CONDITION, AND I / WE FURTHER AUTHORIZE SUCH INSTITUTIONS, INDIVIDUAL, PARTNERSHIP, CORPORATION OR AGENCY SO CONTACTED TO RELEASE ANY OR ALL INFORMATION REQUESTED REGARDING MY / OUR ASSETS, LIABILITIES, POLICIES, CREDIT INFORMATION, LITIGATIONS, FINANCIAL TRANSACTIONS AND ACCOUNTS.

SIGNATURE

DATE

SIGNATURE

DATE