

# FINANCIAL DISCLOSURE STATEMENT

Borrower Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Total Family Income Per Month:

Total Family Expenses Per Month:

Borrower: \_\_\_\_\_

Mortgage/Rent: \_\_\_\_\_

Spouse: \_\_\_\_\_

Heating Oil/Gas: \_\_\_\_\_

Alimony: \_\_\_\_\_

Electric: \_\_\_\_\_

Child Support: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other Income: \_\_\_\_\_

Food: \_\_\_\_\_

**Total Income:** \_\_\_\_\_

Auto Gas: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Car Repairs: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Clothing: \_\_\_\_\_

Unreimbursed Medical: \_\_\_\_\_

Personal Loans: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Child Care: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

I certify that the information given herein, which the North Carolina State Education Assistance Authority is authorized to verify, is true and correct to the best of my knowledge.  
*(WARNING! Anyone who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under the United States Criminal Code and 20 U.S.C. §1097.)*

\_\_\_\_\_  
Borrower's Signature      Date

\_\_\_\_\_  
Spouse's Signature      Date

Return this completed form to NCSEAA at PO Box 14002, RTP, NC 27709, **along with copies of two recent pay stubs and a copy of your most recent federal income tax returns (all pages).**