PERSONAL INFORMATION NOTICE

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As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

TO: Department of Transportation

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California

 The undersigned, for the purpose of obtaining consideration for advance acquisition of my transportation‑affected property under the hardship program, submits the following information:

| **ASSETS** | **DOLLARS** | **LIABILITIES (TOTAL AMOUNT DUE)** | **DOLLARS** |
| --- | --- | --- | --- |
| CHECKING ACCOUNTS |  |  ACCOUNTS PAYABLE (INSTALLMENT PURCHASES |  |
|  1. |  |  |  1. |  |  |
|  2. |  |  |  2. |  |  |
|  3. |  |  |  3. |  |  |
| SAVINGS ACCOUNTS (SCHEDULE A) |  |  |  4. |  |  |
| STOCKS AND BONDS (SCHEDULE B) |  |  |  NOTES PAYABLE |  |  |
| NOTES RECEIVABLE-GOOD |  |  |  1. |  |  |
| CASH SURRENDER VALUE LIFE INSURANCE |  |   |  2. |  |  |
| AUTOS |  |  |  TAXES PAYABLE |  |  |
|  (Year-Make) (Year-Make) |  |  CONTRACTS PAYABLE |  |  |
| REAL ESTATE (SCHEDULE C) |  |  |  (To Whom) |  |  |
| OTHER ASSETS (DESCRIBE) |  |  |  REAL ESTATE INDEBTEDNESS |  |
|  1. |  |  |  |  (SCHEDULE C) |  |  |
|  2. |  |  |  OTHER LIABILITIES (DESCRIBE) |  |
|  3. |  |  |  1. |  |  |
|  4. |  |  |  2. |  |  |
|  5. |  |  |  3. |  |  |
|  |  |  4. |  |  |
|  TOTAL ASSETS |  |  TOTAL LIABILITIES |  |
| LESS TOTAL LIABILITIES |  |  |  |
| NET WORTH |  |  |  |

| **ASSETS** | **DOLLARS** | **ANNUAL EXPENDITURES (EXCLUDING ORDINARY LIVING EXPENSES)** | **DOLLARS** |
| --- | --- | --- | --- |
| SALARY |  |  |  REAL ESTATE PAYMENT(S) |  |  |
| SALARY (SPOUSE) |  |  |  RENT |  |  |
| DIVIDEND INCOME |  |  |  INCOME TAXES |  |  |
| GROSS RENTAL INCOME |  |  |  INSURANCE PREMIUMS |  |  |
| OTHER (DESCRIBE) |  |  |  PROPERTY TAXES |  |  |
|  1. |  |  |  OTHER (DESCRIBE−INCLUDE INSTALLMENT |  |
|  2. |  |  |  PAYMENTS OTHER THAN REAL ESTATE) |  |
|  3. |  |  |  1. |  |  |
|  4. |  |  |  2. |  |  |
|  5. |  |  |  3. |  |  |
|  6. |  |  |  4. |  |  |
|  7. |  |  |  5. |  |  |
|  TOTAL INCOME |  |  TOTAL EXPENDITURES |  |
| LESS TOTAL EXPENDITURES |  |  |  |
| NET CASH INCOME |  |  |  |
| (EXCLUSIVE OF ORDINARY LIVING |  |  |  |
| EXPENSES) |  |  |  |

\* If insurance premiums and property taxes are included in real estate payment, do not duplicate here.

**SCHEDULE A‑SAVINGS**

|  |  |
| --- | --- |
| Savings Institution and Address | Amount |
|  1. |  |  |
|  2. |  |  |
|  3. |  |  |
|  4. |  |  |
|  5. |  |  |
| TOTAL (ENTER ON FRONT PAGE) Description |  |
| **SCHEDULE B‑STOCKS AND BONDS** |
| Number of SharesAmount of Bonds | Description | Current Value |
|  1. |  |  |  $ |
|  2. |  |  |  |
|  3. |  |  |  |
|  4. |  |  |  |
|  |  |  |
| TOTAL (ENTER ON FRONT PAGE)  |
| **SCHEDULE C‑REAL ESTATE** |
| Location and Typeof Improvement | Title | EstimatedValue | AmountOwed | To WhomPayable |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |
|  3. |  |  |  |  |  |
|  4. |  |  |  |  |  |
|  |  |  |  |  |
| TOTAL (ENTER ON FRONT PAGE) |
| If additional space is needed for Schedule A, Schedule B, and/or Schedule C, list on separate sheet and attach. |
|  |  The undersigned certifies that the above statement (or in  lieu thereof, the attached statement, as the case may be) and supporting schedules, be they printed and written, give a full, true, and correct statement of the financial condition of the undersigned as of the date indicated. |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date