

Performant Recovery, Inc.

CONFIDENTIAL FINANCIAL STATEMENT

Your Name: _____ Your SSN: _____

Household and Employment Information

Current Address: _____

Country: _____

Home Telephone: () _____ Work Telephone: () _____

Email Address: _____ Job Title: _____ Date Employed: _____

Employer: _____ No. of Dependents (including yourself): _____

Marital Status: _____

Spouse's Name: _____

Employer: _____

Household Income

Monthly Income

Monthly Net Income _____
 Gross Income _____
 Spouse's Net Income _____
 Spouse's Gross Income _____
 Other Contributing Residents Net Income _____
 Unemployment _____
 AFDC _____
 Child Support _____
 Parental Support _____
 Other (*) _____
 Social Security Benefits _____
 Alimony _____
 Rental Income _____
 Interest / Dividends _____

Monthly Household Expenses

Rent/ Mortgage _____ TO: _____
 2nd Mortgage _____ TO: _____
 Property Tax _____
 Home / Renter's Insurance _____
 Home Maintenance Expenses _____
 Condo Fee _____
 Food _____
 Clothing _____
 Cable TV _____
 Electricity _____
 Natural Gas / Heating/ Oil / Propane _____
 Basic Phone Service _____
 Other Home Expenses Describe _____
 Cellular Phone _____
 No of Cars _____ Car Payments _____
 Auto Fuel and Maintenance _____
 Public Transportation/Parking _____
 Auto Insurance _____
 Child Care Expenses (# of children) _____
 Child Support (# of children) _____
 Water / Sewer / Trash Disposal _____
 Housekeeping Supplies _____
 Personal Care Expenses _____
 Entertainment _____
 Medical / Dental Insurance Premiums _____
 (not deducted from paycheck)
 Out of Pocket Medical / Dental Bills _____
 (not covered by insurance)

Other Medical/ Dental Expenses describe: _____

Other Describe (Provide list of describing other expenses with monthly bill amount and include copy of bill to support listed expense): _____

Total _____

Total _____

Based on this statement, I think I can afford to pay \$ _____ per month.

I certify by my signature below that all information contained in this financial statement, to the best of my knowledge and belief, is true, correct, and complete, and that no items have been omitted. I further agree that Performant Recovery, Inc. may verify this information with my third parties, and I consent to the release of my information to such third parties. I agree to cooperate with Performant Recovery, Inc.'s request for further documentation. I agree that this statement and supporting documents shall remain property of **Performant Recovery, Inc.** Failure to provide sufficient supporting documentation or misstatements shall warrant immediate cancellation of consideration by **Performant Recovery, Inc.** By my signature below, I attest to the accuracy of this financial statement and all supporting documents under pains and penalties of perjury.

BORROWER SIGNATURE: _____ DATE: _____

Supporting documents must be included with this financial statement

Please do not send original documents.

RETURN THIS FORM AND ALL REQUIRED DOCUMENTATION TO:

Performant Recovery, Inc.

P.O. Box 9057

Pleasanton, CA 94566-9057