

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Unemployment Insurance Program

Benefit Payment Control Unit - Mail Drop 5893

PO Box 6123, Phoenix, AZ 85005

Telephone: (602) 364-4300 Fax: (602) 364-1210, (520) 770-3357, (928) 726-0646

CONFIDENTIAL FINANCIAL STATEMENT

CLAIMANT INFORMATION (Please complete both pages of this document):

Name _____ Date of Birth _____

Social Security Number _____ Drivers License Number _____
(Required to verify information)

Partner / Spouse's Name _____ Date of Birth _____

Social Security Number _____ Drivers License Number _____
(Required to verify information)

Residential Address (No., Street, Apt., P.O. Box) _____

City _____ State _____ ZIP Code _____

Mailing Address (No., Street, Apt., P.O. Box) _____
(If different than above)

City _____ State _____ ZIP Code _____

Home Phone Number _____ Cell Number _____ Work Phone Number _____

I request a waiver of recoupment of the overpayment of Unemployment Insurance Benefits because:

LIST ALL OTHER HOUSEHOLD MEMBERS INCLUDING RELATIONSHIPS AND DATE OF BIRTH:

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL SOURCES OF EARNED INCOME (Wages, self-employment, etc.):

Name of Person Working _____ Gross Amount Monthly \$ _____

Name of Employer (Company) _____

Employer Address (No., Street, P.O. Box) _____

City _____ State _____ ZIP Code _____ Phone Number _____

Name of Person Working _____ Gross Amount Monthly \$ _____

Name of Employer (Company) _____

Employer Address (No., Street, P.O. Box) _____

City _____ State _____ ZIP Code _____ Phone Number _____

If Unemployed, specify wages earned when you were working: \$ _____ per _____

LIST ALL SOURCES OF UNEARNED INCOME (Social Security/SSI benefits, Railroad retirement, Child support, Alimony, Veterans benefits, Public assistance, HUD, BIA, gifts, etc.):

NAME OF PERSON RECEIVING BENEFITS:	TYPE OF INCOME RECEIVED	MONTHLY AMOUNT RECEIVED
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

LIST ALL YOUR MONTHLY EXPENSES:

Do you: Own Rent Name of Mortgage Holder / Landlord: _____
Mortgage Holder / Landlord's Address (No., Street, P.O. Box) _____
City _____ State _____ ZIP Code _____
Monthly Rental / Mortgage Amount: \$ _____ If you own, equity value: \$ _____
Monthly Utilities: \$ _____ Monthly Medical: \$ _____ Monthly Food Expense: \$ _____
(Electric, gas, water sewer, trash, telephone) (Medicines, insurance premiums, etc.)
Other Expenses: \$ _____ Specify: _____

LIST ALL OTHER MONTHLY BILLS (finance company, department stores, credit cards, etc.):

Name of Company _____
Company Address (No., Street, P.O. Box) _____
City _____ State _____ ZIP Code _____
Original Balance: \$ _____ Balance Owed: \$ _____ Monthly Payment: \$ _____
Name of Company _____
Company Address (No., Street, P.O. Box) _____
City _____ State _____ ZIP Code _____
Original Balance: \$ _____ Balance Owed: \$ _____ Monthly Payment: \$ _____

LIST ALL BANK ACCOUNTS:

Name of Bank / Financial Institution _____
Bank / Financial Institution Address (No., Street) _____
City _____ State _____ ZIP Code _____
Type of account: Checking Savings Certificate of Deposits Other: _____
Account Number: _____ Value of Account: \$ _____
Name of Bank / Financial Institution _____
Bank / Financial Institution Address (No., Street) _____
City _____ State _____ ZIP Code _____
Type of account: Checking Savings Certificate of Deposits Other: _____
Account Number: _____ Value of Account: \$ _____

LIST ALL VEHICLES, BOATS AND RECREATIONAL VEHICLES:

Make and Model _____ Year _____ License Plate # _____
Value: \$ _____ Monthly Payment: \$ _____ Amount Owed: \$ _____
Make and Model _____ Year _____ License Plate # _____
Value: \$ _____ Monthly Payment: \$ _____ Amount Owed: \$ _____
Make and Model _____ Year _____ License Plate # _____
Value: \$ _____ Monthly Payment: \$ _____ Amount Owed: \$ _____
Make and Model _____ Year _____ License Plate # _____
Value: \$ _____ Monthly Payment: \$ _____ Amount Owed: \$ _____

OTHER ASSETS:

Other Real Estate: Yes No Estimated Value: \$ _____

Description (*Location, number info, etc.*) _____

Stock / Bonds: Yes No Estimated Value: \$ _____

Description (*Location, number info, etc.*) _____

Other: _____ Estimated Value: \$ _____

Description (*Location, number info, etc.*) _____

Have you ever filed for bankruptcy? Yes No Case Number _____ Date Filed: _____

ADDITIONAL COMMENTS:

I swear under penalty of perjury that the statements made about my income, assets, property and all other information I have given DES that relates to my financial status is true and correct to the best of my knowledge and that I have not withheld any information.

SIGNATURE _____ DATE _____

SIGNATURE OF
DEPARTMENT REPRESENTATIVE _____ DATE _____
(*Needed if completed in Local Office*)

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.