

FORM "D"
FINANCIAL DECLARATION
 IN SUPPORT OF REQUEST FOR WAIVER OF FEES

IN NMI SETTLEMENT FUND HEARING OFFICER AND ARBITRATOR APPEAL PROCEEDINGS

CASE NAME: <i>In re</i> _____	DOCKET NUMBER
NAME OF APPLICANT (show your full name): _____	
SOCIAL SECURITY NUMBER: _____	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT:

Are you now employed? Yes No Self Employed. Name and address of employer:

IF YES, how much do you earn per month?

IF NO, give month and year of last employment. _____ How much did you earn per month? \$ _____

If married, is your spouse employed? Yes No **IF YES**, how much does your spouse earn per month? \$ _____

OTHER INCOME:

Have you received within the past year any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, spousal support payments, or other sources? Yes No

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
Are you currently receiving welfare benefits of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, give the amount per month and describe the benefit.	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	AMOUNT	TYPE OF BENEFIT
	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

CASH:

Do you have any cash on hand or money in savings or checking accounts? Yes No **IF YES**, state total amount \$ _____

PROPERTY:

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

IF YES, GIVE VALUE AND DESCRIBE	VALUE	DESCRIPTION
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

DEPENDENTS:

MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced	Total No. of Dependents: ()	List persons you actually support and your relationship to them: _____ _____ _____
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DEBTS & MONTHLY BILLS:

APARTMENT OR HOME: Other Creditors (List all creditors including banks, loan companies, charge accounts, etc.) _____ _____ _____	TOTAL DEBTS \$ _____ \$ _____ \$ _____	MONTHLY PAYMENTS \$ _____ \$ _____ \$ _____
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I declare under penalty of perjury that the foregoing is true and correct. In addition, by my signature below, I hereby agree to make available to the Settlement Fund any and all documents within my possession, or within the possession of other third party entities, including but not limited to the Bureau of Revenue and Taxation, relating to my financial status.

SIGNATURE OF APPLICANT: _____	Date: _____	WARNING:
APPLICANTS PROVIDING A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS DECLARATION MAY BE ASSESSED ALL FILING AND OTHER FEES REQUIRED TO BE PAID UNDER THE NMI SETTLEMENT FUND APPEAL RULES, AND PROCEDURES AND SUBJECT TO CONTEMPT PROCEEDINGS FOR FAILURE TO PAY SUCH FEES, AND MAY BE REFERRED FOR CRIMINAL PROSECUTION.		