Form CIS-1	
(Rev. 03/2014)	

## Government of the District of Columbia Office of Finance and Treasury • Central Collection Unit

Collection	Information	Statement
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Section 1: Personnel Information Note: Complete all blocks, Write "N/A" (not applicable) in blocks that do not apply.									
Note: (	Complete all	l blocks,	Write "N/A" ( <i>not</i>	applicable) in blo	ocks tha	at do not a	apply.		
Debtor(	s) Full Name	& Address	Home Phone	e Number	Cell P	hone Number			
			Business H	siness Phone Number Email Address					
Marital	Status		Married	Unmarried					
	Social Secu	rity	Date of Birth	Driver's License N	Jumber ar	nd state			
	Number(SSN)	_	(mm/dd/yyyy)						
Debtor									
Spouse									
Name, Ag	l e and Relatio	onship of							
dependen		1 1							
Section	2: Employme	ent Inform	ation						
Debtor Debtor's Spouse									
Employer or business (name and address) Employer or business (name and address)									
	er or busine	ess (name	and address)		iness (	name and ad	ldress)		
	er or busine	ess (name	and address)		iness (	name and ac	ldress)		
	er or busine	ess (name	and address)		iness (	name and ac	ddress)		
Employe				Employer or bus					
Employe	er or busine lephone Numł	ber How 1	ong with this			How long w			
Employe			ong with this	Employer or bus					
Employe		ber How 1 emplo	ong with this yer	Employer or bus		How long t employer	with this		
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Employe	lephone Numb	ber How 1 emplo Year	ong with this yer s Months	Employer or bus Work Telephone N	umber	How long w employer Years	with this Months		
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Employe Work Te Number of allowand Form W-4	lephone Numb of withhold: ces claimed 4	ber How 1 emplo Year ing Pay P on	ong with this yer s Months Period :	Employer or bus Work Telephone N Number of withho allowances claim	umber	How long w employer Years	with this Months		
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## Section 4: Personal Asset Information for All Individuals

Bank accounts (include savings & loans, credit unions, IRA and retirement plans, certificates of deposits, etc.)

CEILIICALES OI GEPOS				
Name of Institution	Address	Type of	Account Number	
		Account		as of
				(mm/dd/yyyy)

## Total Balance

Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount	Credit Available
	1 aymene		onca	invariabre
				_
	Name and Address of Financial Institution			

Investments: Include stocks, bonds, mutual funds, stock options, certificates of deposit,							
and retirement assets such as IRAs, Keogh, and 401(k) plans,. Include all corporations,							
partnerships, Real property, limited liability companies, or other business entities in							
which you are an officer, director, owner, member, or otherwise have a financial interest.							
Type of Investment or	Full Name & address	Current	Loan Balance	Equity			
Financial interest		value	as of	Value minus			
			(mm/dd/yyyy)	Loan			

Section	5: Real and Perso	onnel Property					
			1				
		Purchase Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
Property	Description						
Location County	(Street, City, State,	Zip, Code) and	Lender/Contac Code) and Pho		ame, Address (St	reet, City, Sta	te, Zip
		1				Phone	1
Property	Description						
Location County	(Street, City, State,	Zip, Code) and	Lender/Contac Code) and Pho		ame, Address (St		te, Zip
						Phone	
Total E							
	<b>el Vehicles Lease</b> d vehicles, traile	—	<b>d</b> Include b	oats, RVs	, motorcycle	s, all-terra	in and
Make/Mode	<pre>ion (Year, Mileage, l, Tag Number, dentification</pre>	Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
Year	Make/Model						
Mileage	License/Tag Number	Lender/Lessor Na	ame, Address (S	Street, City	y, State, Zip Co	ode) and Phone	
Vehicle I	dentification Number				Phone		
Year	Make/Model						
Mileage	License/Tag Number	Lender/Lessor Na	ame, Address (S	Street, City	y, State, Zip Co	ode) and Phone	
Vehicle I	dentification Number				Phone		
Total E	<u> </u>	11 6 11					
	el Assets Include						
	guns etc.), antion names, patents, co	-			IIIJIDIE ASSET	s such as ll	censes,
		Purchase/Lease Date (mm/dd/yyyy)	Current Fair Market Value (FMV)	Current Balance	Amount of Monthly Payment	Date of Final Payment (mm/dd/yyyy)	Equity FMV Minus Loan
Property	Description						
Location	(Street, City, State,	Zip, Code) and Co	ounty		ssor Name, Addre and Phone	ess (Street, Cit	zy, State,
					Phone		
Total E	quity			<u> </u>			

Section 6: Monthly Income and Expenses								
Total Inco	ome	Total Living E	CCU Use Only Allowable Expenses					
Source Gross Monthly		Expense Items			Actual Monthly			
Wages (Taxpayer)		Food, Clothing and Misc.						
Wages (Spouse)		Housing and Utilities						
Interest - Dividends		Vehicle Ownership Costs						
Net rental Income		Vehicle Operating Costs						
Pension (Taxpayer)		Public Transportation						
Pension (Spouse)		Health Insurance						
Social Security (Taxpayer)		Out of Pocket Health Care Costs						
Social Security (Spouse)		Court Ordered Payments						
Child Support		Child/Dependent Care						
Alimony		Secured Debts (Attach list)						
Other Income Specify below		Other Expenses (Attach list)						
Total Income		Total Living Expenses						
		Net Difference ( Total Income minus Total Living Expenses )						

Central Collection Unit - Notes (internal use only)