

**VOLUNTEER AND EXEMPT FIREMEN'S BENEVOLENT  
ASSOCIATION OF FREEPORT, NEW YORK**

Financial Disclosure

FAMILY INFORMATION

Your Information:

Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 Business Tel. No. \_\_\_\_\_  
 Retired – Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Information

Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 Business Tel. No. \_\_\_\_\_  
 Retired – Yes \_\_\_\_\_ No \_\_\_\_\_

CHILDREN

Name:	Birth Date	Soc. Sec. No.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION/TRAINING

School/Other:	Degree/Certification	Year	You	Spouse
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NET WORTH - ASSETS

Owner Codes:      **J** = Joint      **S** = Spouse      **Y** = You

Please use an additional sheet of paper if necessary. Complete all items using n/a if not applicable.

Liquid Assets (Cash, checking, Savings Account)

Bank	Account No.	Current Value	Owner Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2/04

	Current Value	Owner Code
Short Term Investments (treasury bills, money market funds, savings certificates, etc)	_____	_____
	_____	_____
	_____	_____
Cash Value of Life Insurance	_____	_____
Investment Assets		
Notes Receivable	_____	_____
Marketable Securities (stocks, bonds)		
Company            No. Shares		
_____            _____	_____	_____
_____            _____	_____	_____
_____            _____	_____	_____
Real Estate (investment)		
Address _____		
_____		
Section _____ Block _____ Lot _____		
Deed Liber _____ Page _____		
Other (identifier) _____	_____	_____
Address _____		
_____		
Section _____ Block _____ Lot _____		
Deed Liber _____ Page _____		
Other (identifier) _____	_____	_____
Tax Incentive Investments	_____	_____
Retirement Funds (IRA, Keough Plans)	_____	_____
Other Investment Assets (explain on separate sheet)	_____	_____
Personal Assets		
Residence		
Address _____	_____	_____
_____		
Section _____ Block _____ Lot _____		
Deed Liber _____ Page _____		
Other (identifier) _____	_____	_____

Furnishings				_____	_____
				Current Value	Owner Code
Vehicles	Make	Year	Model		
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other Personal Assets (art, boats, antiques, etc)					
	_____			_____	_____
	_____			_____	_____
	_____			_____	_____

NET WORTH – LIABILITIES

Please use an additional sheet of paper if necessary. Complete all items using n/a if not applicable.

Short Term Obligations				Current Balance	Owner Code
Consumer Credit Obligations (M/C, Visa, etc.)	Type	Account No.			
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
Borrowing on Life Insurance				_____	_____
Installment Loans (dept. stores, etc.)				_____	_____
Personal Loans				_____	_____
Accrued Income Taxes				_____	_____
Other Short Term Obligations (explain on separate sheet)				_____	_____
Long Term Obligations					
Loans to Purchase Investment Assets				_____	_____
Loans to Purchase Personal Assets				_____	_____
Mortgage (s) on Personal Residence	Bank	Loan No.			
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

Automobile Loans				
Bank	Loan No.			
Other Long Term Obligations				
(explain on separate sheet)				

INCOME SOURCES

Please use an additional sheet of paper if necessary. Complete all items using n/a if not applicable.

Employment Income	You		Spouse	
	Monthly	Annually	Monthly	Annually
Salary	_____	_____	_____	_____
Self-Employment	_____	_____	_____	_____
Other (commissions, bonus, profit sharing, etc.)	_____	_____	_____	_____
Investment Income				
Interest (identify source)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Dividends (identify source)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Rental (identify source)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Partnerships	_____	_____	_____	_____
Other Investment Income (social security, pension, trust funds, annuities, etc.)				
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EXPENDITURES

Please use an additional sheet of paper if necessary. Complete all items using n/a if not applicable.

	Monthly	Annually
Lifestyle Expenditures		
Basic Lifestyle Expenditures:		
Housing		
Mortgage (s)	_____	_____
Property Taxes	_____	_____
PMI	_____	_____
Homeowners Insurance	_____	_____
Utilities		
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Heating Fuel	_____	_____
Transportation		
Loan Payments	_____	_____
Insurance	_____	_____
Fuel	_____	_____
Repairs/Service	_____	_____
Food	_____	_____
Clothing	_____	_____
Other Basic Lifestyle Expenditures		
Telephone	_____	_____
Household Purchases and Supplies	_____	_____
Education (not secondary and college)		
School	_____	_____
_____	_____	_____
_____	_____	_____
Recreation and Club Membership	_____	_____
Personal Care (explain on separate sheet)	_____	_____
Medical Insurance		
Co. _____ Policy No. _____	_____	_____
Dental Insurance		
Co. _____ Policy No. _____	_____	_____
Health Insurance		
Co. _____ Policy No. _____	_____	_____
Optical Insurance		
Co. _____ Policy No. _____	_____	_____
Disability Insurance		
Co. _____ Policy No. _____	_____	_____
Life Insurance		
Co. _____ Policy No. _____	_____	_____
Co. _____ Policy No. _____	_____	_____
Other Insurance (explain on separate sheet)	_____	_____

	Monthly	Annually
Yard Maintenance	_____	_____
Debt Reductions	_____	_____
Contributions (explain on separate sheet)	_____	_____
Other (explain on separate sheet)	_____	_____
 Discretionary Lifestyle Expenditures		
Education (private secondary and college) School	_____	_____
_____	_____	_____
Entertainment	_____	_____
Regular Vacations	_____	_____
Extraordinary Charitable Contributions	_____	_____
Hobbies	_____	_____
Personal Gifts	_____	_____
Support of Relatives and Others	_____	_____
Home Improvements	_____	_____
Purchase of Automobiles, Boats, etc.	_____	_____
Retirement Plans	_____	_____
Other	_____	_____
Taxes	_____	_____
State and City Income Taxes	_____	_____
Employment Taxes	_____	_____

INVESTMENTS

Description	Current Value	Date Bought	Purchase Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE POLICIES

Use this section to record your current insurance policies.

Company/Policy No	Policy Type (life, health, med., dent., opt., disab.)	Face Value	Cash Surrender Value	Loan on Policy	Policy Owner	Beneficiary
<b>YOUR COVERAGE</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>SPOUSE'S COVERAGE</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**REPRESENTATION & AUTHORIZATION TO SECURE PERSONAL INFORMATION**

REPRESENTATION AND AUTHORIZATION: The undersigned applies for assistance; and further represents that all statements and information made or contained in this form and any accompanying statements or information are true, accurate and complete and are made for the purposes of obtaining the assistance. All information requested has been disclosed herein. Verification may be obtained from any source named in this form.

The undersigned hereby authorizes any bank, insurance company, pension plan, former employer, current employer, physician, surgeon, hospital, or other health care provider, or any person, firm or corporation, whether named herein or otherwise, having any personal information regarding my finances, former employment, current employment, health, medical, dental or optical treatment, insurance or pension entitlements, death benefits, or other personal information, to disclose the same and provide copies thereof to any agent or representative of The Volunteer and Exempt Firemen's Benevolent Association of Freeport, New York, and I release and discharge any such person, firm or corporation from any liability whatsoever in doing so.

The original or a copy of this form and any verification or copies of same shall be retained by the Association, even if the assistance requested is not approved.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Sworn to before me, under penalty of perjury,  
 this        day of

\_\_\_\_\_  
 Notary Public  
 2/04