

PETROLEUM UST RELEASE COMPENSATION BOARD  
INDIVIDUAL ABILITY TO PAY FEES

Overview

Ohio law assesses an annual fee on each petroleum storage tank underground on July 1. Removing, selling or discontinuing use of the tanks does not relieve the responsible person from payment of the fees assessed during the period of ownership. However, the Board recognizes some individuals may be financially unable to pay the fees in full. Under limited circumstances, an individual may request a review of his financial ability to pay the fees and receive a waiver of some or all of the outstanding fees.

To be eligible to request a review of your financial ability to pay outstanding Financial Assurance Fund (Fund) fees, you must *not* currently own or operate petroleum USTs and a determination of no further action must have been issued by the State Fire Marshal for any release for which you were granted eligibility to claim against the Fund. If these two conditions are met, you may request a review of your financial ability to pay the fees by completing the attached "Application for Individual Ability to Pay Fees" and submitting it with financial data, which demonstrates a lack of financial ability to pay the outstanding fees.

Upon receipt of the completed application and financial information, the Board's Executive Director will review the application and you will be notified of the results of the review. The Executive Director may waive the outstanding fees in whole or in part and may provide you with the opportunity to pay the fees over time on an interest-free installment payment plan.

Because the Board is a public agency, once the application and financial information are received, it becomes a public document and is subject to any request for review from the public. It is not the Board's intent to publicize this information, however, in maintaining files that must be open to the public, the possibility exists someone else will review the application and supporting documents. If you request a review of your ability to pay the outstanding fees, you may not withhold the required financial data. The Board believes its request for the documents is reasonable and only documents that demonstrate your true financial condition are being requested.

If you operate a business that is a corporation or limited liability company or partnership and you wish to request a review of your financial ability to pay fees, please submit an Application For Corporate/LLP/LLC Ability To Pay Fees. If you require any information to assist you with completing this application or have any questions regarding the requirements, please contact the Board's office at (614) 752-8963 or (800) 224-4659 (in Ohio only).

## APPLICATION FOR INDIVIDUAL ABILITY TO PAY FEES

1. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

2. Retired? Yes / No

3. Owner # (Certificate of Coverage #) assigned by the Board: \_\_\_\_\_

4. When did you last own/operate USTs? \_\_\_\_\_

5. List the business name(s) and address(es) for which fees are due:

Business name / Facility street address, city	Tanks Sold? Yes / No <small>(provide date sold)</small>	Tanks Removed? Yes / No <small>(provide date removed)</small>

(Attach additional sheet if necessary)

6. Members of household (List Applicant and all persons living with the Applicant)

Name (First and Last)	Age	Relationship to Applicant
1.		Applicant
2.		
3.		
4.		
5.		

7. Employment (List all jobs held by persons in the household, including the Applicant)

Name (First and Last)	Name of Employer	Length of Employment	Annual Salary (average if varies)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

8. Income: List all income earned by persons in the household. If household members other than the Applicant and his or her spouse earn income, please list on a separate page. Indicate if the earned income is likely to change significantly in the current year. Please indicate whether the listed income is a weekly, monthly, quarterly or yearly amount.

Source	<u>Gross Income Amount</u> (Pre-Tax)		Period			
	Applicant	Spouse	W	M	Q	Y
Wages / Salaries	\$	\$				
Sales Commissions	\$	\$				
Investment Income (interest on bank accounts, dividends, capital gains, etc.)	\$	\$				
Net Business Income	\$	\$				
Rental Income	\$	\$				
Pension Income (includes pensions, social security, IRAs, etc.)	\$	\$				
Child Support	\$	\$				
Alimony	\$	\$				
Other Income:						
1.	\$	\$				
2.	\$	\$				
3.	\$	\$				
4.	\$	\$				

9. Household living expenses: List household living expenses typical of last year, indicating if any of the expenses are likely to change significantly in the current year. Please indicate whether the listed expense is a weekly, monthly, quarterly or yearly expense amount. If you own one or more operating businesses, exclude any business expenses and, instead, attach any available financial statements or income tax records for your business(es).

Expense Item	Amount	Period			
		W	M	Q	Y
Rent					
Home maintenance					
Transportation (including auto maintenance)					
Home heating oil, gas, etc.					
Electricity					
Water & sewer					
Telephone					
Food					
Clothing, personal care					
Medical					
Mortgage payments (principal and interest only)					
Car payments					
Credit card interest					
Educational loan payments					
Other debt payments					
Home insurance					
Life insurance					
Auto insurance					
Medical insurance					
Property taxes					
Federal income taxes (net of any refunds)					
State & local income taxes (net of any refunds)					
FICA (Social Security tax)					
Other taxes					
Childcare					
Tuition					
Legal or professional fees					
Other (attach description)					

### Net Worth (Assets and Liabilities)

Please provide the following information to the best of your knowledge. All data should be as current as possible. If the exact balance is unknown, you may estimate. Please mark an "E" next to the items you estimate. If items are business assets or liabilities, please mark a "B" next to those items.

#### Assets

##### 10. Bank Accounts (Checking, Savings, CDs, Money Markets, etc.)

Name of Bank / Credit Union	Type of Account	Current Balance
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

##### 11. Investments (Stocks, Bonds, Mutual Funds, REITs, etc.)

Investment Type	Current Market Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

##### 12. Retirement Funds/Accounts (IRAs, 401(k), 403(b), company retirement fund, pensions, etc.)

Investment Type	Estimated Market Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

13. Life Insurance Policies with Value (Whole life, Universal life, etc.)

Issuing Company	Cash Value (\$)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

14. Vehicles used for commuting

Make / Model / Year	Estimated Market Value (Blue Book)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

15. Other vehicles not used for commuting (Cars, trucks, motorcycles, recreational vehicles – ATVs, motor homes, boats, airplanes, etc.)

Make / Model / Year	Estimated Market Value (Blue Book)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

16. Personal property other than vehicles (Items over \$500 – furniture, jewelry, art, antiques, precious metals, collections, etc.)

Description of Personal Property	Estimated Market Value (Blue Book)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

17. Real Estate – Primary Residence

Location (street address, city, state)	Estimated Market Value
	\$

18. Other Real Estate (Land and buildings – commercial, business, rental, vacation, etc.)

Location (address, city, state)	Estimated Market Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

19. Other Assets

Type of property	Estimated Market Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

**Liabilities / Debts**

20. Mortgage and Real Estate Loans

Type of loan and property secured against (Example: first mortgage on primary residence)	Owed to (Bank name, etc.)	Balance Due (to pay off)	Payoff Date Mo./Yr.
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

21. Vehicle Loans (Cars, trucks, boats, motorcycles, etc.)

Vehicle (Make, Model & Year)	Owed to (Bank name, etc.)	Balance Due (to pay off)	Payoff Date Mo./Yr.
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

22. Furniture and Household Goods Loan (Appliances, furniture, etc.)

Item Description	Owed to (Bank name, etc.)	Balance Due (to pay off)	Payoff Date Mo./Yr.
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	

23. Credit Cards and Lines of Credit

Credit Card / Line of Credit (Type)	Owed to (Bank name, etc.)	Balance Due (to pay off)
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

24. Other Debt (Taxes owed, alimony, child support, student loans, etc.)

Type of Debt	Owed to (Bank name, etc.)	Balance Due (to pay off)	Payoff Date Mo./Yr.
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	



**Additional Information**

25. Please respond to the following questions. For any question that you answer “yes,” provide additional information at the bottom of this page or attach an additional sheet.

Question	Yes	No
Do you have any reason to believe that your financial situation will change during the next year?		
Are you currently selling, trying to sell, or purchasing any real estate?		
Have you sold any real estate in the past three years?		
Is anyone (or entity) holding real estate or personal property on your behalf?		
Are you a party in any pending lawsuit?		
Have you received a settlement in excess of \$3,000 in the past three years?		
Have any of your belongings been repossessed in the past three years?		
Are you a Trustee, Executor, or Administrator?		
Are you a beneficiary of an estate or a participant in a profit sharing plan?		
Have you declared bankruptcy in the past seven years?		
Do you receive any type of federal aid or public assistance?		

If you answered “yes” to any question(s), please provide an explanation below:

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26. Please attach entire federal income tax returns and W-2's for the previous three years. Please redact all social security numbers.

27. If you are operating one or more businesses, attach any audit, compilation or other financial information detailing the finances of the business operations over the past three years.

28. Please attach any other records which you believe demonstrate your inability to pay the outstanding tank fees.

29. Please read, sign and date the following certification:

## **CERTIFICATION**

As the person applying to the Petroleum UST Release Compensation Board for a determination regarding my ability to pay outstanding fees, I certify that all answers and data submitted as part of my application are true and accurate representations of my financial condition. I have withheld no information or documents which have been requested.

I understand that this application and any of the information required to be filed with it is a public record and, upon request, are available to any person for review.

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Signature of Applicant

Date

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Print or type name of person signing above

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### **CHECKLIST FOR SUBMITTING THE INDIVIDUAL ABILITY TO PAY APPLICATION:**

\_\_\_\_\_ Fully complete and sign the application;

\_\_\_\_\_ Attach the requested financial data and include any other data which you believe will assist us in the review of your application.

MAIL THE COMPLETED, SIGNED APPLICATION AND ACCOMPANYING RECORDS TO:

**Petroleum UST Release Compensation Board  
P.O. Box 163188  
Columbus, OH 43216-3188**