

**STATE WATER RESOURCES CONTROL BOARD
ORPHAN SITE CLEANUP FUND
RESPONSIBLE PARTY WORKSHEET**

Responsible Party Name: _____

Applicant Name: _____

Application Site Address: _____

Responsible Party: Complete the following sections to the best of your ability. Attach any necessary supporting documentation.

SECTION 1 – INCOME/ASSETS

1. Submit the most recent income data, including financial statements; and,
2. Provide an asset listing in the following format:

Asset	Description	Fair Market Value	Debt Owed on Asset
Real Estate (List kind of property and location)			
Vehicles (provide year and make)			
Checking Account (provide name of financial institution)			
Savings Account (provide name of financial institution)			
IRA/Pensions/Profit Sharing (Identify by name)			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$500			

SECTION 2 – INSURANCE FUNDS

Identify any insurance claims filed and funds received by or on behalf of you (responsible party) that are associated with the unauthorized release of petroleum from the UST at the eligible site. Check all that apply:

No insurance claims filed, or money received

Considering or intend to file insurance claims

Yes, insurance claims filed

Yes, insurance monies received

Name of Insurance Company	Amount of Insurance Monies Received
1. _____	\$ _____
2. _____	\$ _____

SECTION 3 – FINANCIAL ASSISTANCE

Identify any other financial assistance that you (responsible party) have received or applied for to address the unauthorized release of petroleum from the UST at the eligible site.

Financial Assistance Source	Amount of Assistance Received or Sought
1. _____	\$ _____
2. _____	\$ _____

I declare that all the information provided above on the Responsible Party Worksheet is true and correct to the best of my knowledge.

Responsible Party Printed Name

Responsible Party Signature _____

Phone Number

Date