

Yes	No

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Incurring Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

Yes	No

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Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court <i>(Include City and county/country if outside U.S.)</i>	State	ZIP Code

Yes	No

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Continuation Space

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**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature ( <i>Sign in ink</i> )	Date
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Enter your Social Security Number before going to the next page 