

Nettesheim, Denise G - DNR

From: Moser, James E - DNR
Sent: Monday, March 21, 2016 12:30 PM
To: Nettesheim, Denise G - DNR
Subject: FW: WAIVER/DEFERAL OF DEDUCTIBLE
Attachments: TANK SYSTEM CLOSURE Financial Statement v2 03-16-2016.pdf; 4400-294.pdf

fyi

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

JAMES E MOSER

Phone: (608) 267- 7533

E-mail: james.moser@wisconsin.gov

From: Moser, James E - DNR
Sent: Wednesday, March 16, 2016 4:53 PM
To: 'diannawilliams21@sbcglobal.net'
Subject: WAIVER/DEFERAL OF DEDUCTIBLE

Hi Ms. Williams,

I was looking over the Deductible Waiver and Reduction requests and found that I had not yet received a completed financial statement for your request. I've included a Financial Statement as an attachment to this email.

I have also included a Deductible reduction request (Form 4400-294 attached to this email). If you qualify, it could reduce your deductible which means less that you have to waiver/defer.

I also need copies of your 2014. 2013 & 2012 State & Federal tax returns.

I have a copy of your Deed and Tax bill

If you need any further assistance do not hesitate to call or email.

Cordially

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JAMES E MOSER

PECFA PROGRAM SPECIALIST SENIOR – Bureau of Remediation and Redevelopment

Wisconsin Department of Natural Resources

USPS MAIL, P.O. BOX 7921, (RR/5), Madison, WI, 53707-7921

UPS/FEDEX, 125 S WEBSTER ST, (RR/5), Madison, WI, 53703

Phone: (608) 267- 7533

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FINANCIAL STATEMENT

This Financial Statement is to be filled out and submitted with the Application for Removal of the Abandoned Underground Petroleum Storage Tank System Located at the Address Listed Below.

Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Laws (ss. 19.31-19.39, Wis. Stats.).

DATCP FACILITY ID#: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____

INCOME: (per=weekly, monthly etc.)

Your Gross Salary or Wages Pension or Disability Spouse Gross Salary/Wages if employed
 \$ _____ per _____ \$ _____ per _____ \$ _____ per _____

Other Income Sources: Amount Per
Interest Income: _____
Dividend Income: _____
Other: _____

ASSETS:

Personal Residence: Monthly Rent or Mortgage Payment: If own residence is it paid for?
 Own _____ Rent _____ \$ _____ Incl. taxes? yes or no Yes _____ No _____

If residence is not paid for, list mortgage holder/city/state: _____ Mortgage balance owed:
 \$ _____

List market value of residence: \$ _____ (attach copy of most current tax bill)

Do you own or have interest in any other real estate? Yes _____ No _____ (If "yes", answer questions below.)

<i>Description of Real Estate</i>	<i>City/County Location</i>	<i>Market Value</i>	<i>Own with others? Whom?</i>

List all financial institutions you and/or your spouse have cash investments in: (type=checking, savings etc.)

<i>Institution Name</i>	<i>Address, City & State</i>	<i>Dollar Amount</i>	<i>Type</i>

List any stocks, bonds, options, notes, or other like property in which you or your spouse have an interest:

<i>Description</i>	<i>Value</i>	<i>Owner Name(s)</i>

Do you have a vested interest in a pension or profit sharing plan? Yes _____ No _____ (If "yes", please list below.)

<i>Name of Plan and Address</i>	<i>Dollar Value</i>

List all vehicles, including motorcycles, boats, snowmobiles, trailers, recreation vehicles and all terrain vehicles:

<i>Year</i>	<i>Description</i>	<i>Value</i>	<i>Owner(s)</i>

List other items of personal property which exceed \$500.00 in value which you or your spouse have an interest:

<i>Description of Items</i>	<i>Value</i>	<i>Owner(s)</i>

EXPENSES:

List ALL your monthly expenses:

<i>Description</i>	<i>Mo. Amt.</i>	<i>Description</i>	<i>Mo. Amt.</i>
<i>Rent/Mortgage Payment</i>		<i>Insurance (Medical, Auto etc.)</i>	
<i>Utilities</i>		<i>Medical/Medicine</i>	
<i>Food</i>		<i>Clothing</i>	
<i>Auto/Transportation</i>		<i>Entertainment</i>	

LIABILITIES:

List all liabilities of yourself and your spouse which have not been discharged in a bankruptcy:

<i>Description/Owed to/City/State</i>	<i>Amount owed</i>	<i>Payment amt./List if mo./wk.</i>

Have you ever declared bankruptcy? Yes _____ No _____ If "yes", when? _____

Are you delinquent in any payment of taxes? Yes _____ No _____ If so, explain:

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below.

Signature

Date

Signature

Date

Return Completed Form with attachments to:
 Wisconsin Department of Natural Resources
 PECFA - Remediation and Redevelopment Program
 PO Box 8044
 Madison, WI 53708-8044
 Fax: 608-267-7646
dnr.wi.gov/topic/Brownfields/

PECFA – Reduction of Deductible Application
 Form 4400-294 (7/13)

Notice: This application is to be completed by any claimant requesting a reduction in the amount of the required Petroleum Environmental Cleanup Fund Award (PECFA) deductible based on a claim of financial hardship. This form should be completely filled out and submitted with all required attachments to the address listed above. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

PECFA # 5 3 0 3 4 - 9 9 9 9 - 0 7 | BRRTS # 0 3 - 1 4 - 5 3 0 0 5 7

Claimant Information

Last Name		First Name	MI	Phone Number (include area code)	
Address		City		State	Zip Code

Remedial Action Site Location

Remedial Action Site Name		
Remedial Action Site Address		
Remedial Action Site City	State	Zip Code

Section s. SPS 347.34, Wis. Admin. Code, provides the following:

Reduction of deductible, based on financial hardship. (1) The deductible amount specified in s. 101.143 (4) (dg), Stats., for underground petroleum product storage systems may be reduced by the Department to \$2500, where proof of financial hardship is established in accordance with sub. (2).
 (2) Financial hardship shall be demonstrated on a form provided by the Department, in sufficient detail to enable the Department to determine whether the hardship either exists, or will occur if the deductible is not reduced under this section.

The following documents must be provided before a decision can be made on an Application for Reduction of PECFA Deductible:

- A completed [PECFA financial statement \(RR-945\)](#) or comparable financial form.
- A completed [Reduction of Deductible Application \(form 4400-294\)](#).
- Copies of the claimant's federal and state tax records for the 3 most recent years. If you no longer file taxes, please state this fact in a letter addressed to the Department.
- Copy of most recent tax bill for property with contamination.

I, as the undersigned claimant, am applying for a reduction of the PECFA deductible. I have read the above-referenced section of, s. SPS 347.34, Wis. Adm. Code. I assume the responsibility for notifying all current owners about this application.

Claimant's Signature(s)	Date Signed
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For DNR Use Only	
Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED - Your financial situation does not meet the requirements of this provision	DNR PECFA Financial Manager Date