



**The City of New York
Department of Investigation**
180 Maiden Lane, 16th Floor
New York, NY 10038
(212) 825-5911

Financial Background Investigation Questionnaire

You are required to complete this questionnaire (in addition to the Background Investigation Questionnaire or Supplemental Background Investigation Questionnaire) **only** if your appointing entity has determined that you meet the criteria for which it is permissible for the Department of Investigation (DOI) to review and report your consumer credit history (pursuant to NYC Administrative Code §§ 8-102 and 8-107; 47 Rules of the City of New York §§ 2-01 and 2-05).

Your Terms and Conditions of Appointment will not be approved unless you provide all information requested and cooperate fully with this background investigation. If you fail to do so, you may incur disciplinary action, including the termination of your employment or removal from your appointment.

Department of Investigation (DOI) background investigations are detailed and thorough; information you provide will be verified during the investigation. A false statement or intentional omission made in this questionnaire, or in connection with this background investigation, may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

This Financial Background Investigation Questionnaire is not a public document and cannot be obtained through a Freedom of Information Act request. However, this questionnaire may be provided, upon request, for use in another government agency's background investigation, or for the purposes of administrative action (e.g., disciplinary proceedings) by your agency, the City's Office of Administrative Trials and Hearings, the Conflicts of Interest Board, or others.

DOI recommends that you keep a copy of this completed questionnaire for your personal records, and for reference in completing any future DOI Financial Background Investigation Questionnaires.

I have read and I understand this information.	Initial and date: _____
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For DOI Use Only:	
Candidate's Name _____	Phone Number _____
Investigator _____	Interview Date _____
Supervisor _____	Review Date _____

**DEPARTMENT OF INVESTIGATION
FINANCIAL BACKGROUND INVESTIGATION QUESTIONNAIRE**

INSTRUCTIONS

- This questionnaire must be typed, or completed in blue or black ink.
- Every question must be answered completely and accurately.
- Do not leave any question blank. If a question does not apply to you, indicate "N/A" (not applicable).
- If you need more space to answer a question, use the addendum provided on page 26 (make copies if needed). Check the box at the bottom of the page on which the question appears, and note in the addendum the question and page number.
- This questionnaire is an affidavit. Upon completion, it must be signed and sworn to before a Notary Public or Commissioner of Deeds.

I have read and I understand these instructions.

Initial and date: _____

PERSONAL INFORMATION

1.	Full Name				
Last Name	First Name	Middle Name	Jr., II, etc.		
			<input type="checkbox"/> N/A		<input type="checkbox"/> N/A

2.	Date of Birth		
Month	Day	Year	

3.	Place of Birth		
City	State	Country	

Check here if additional information is provided in the addendum.

ASSETS

Bank, Brokerage, and Investment Accounts

4. List all U.S. bank, brokerage, and investment accounts (including but not limited to savings, checking, money market, mutual funds, cryptocurrency, certificates of deposit, and credit union accounts).

Include all accounts on which you or your spouse or domestic partner is named as a primary, secondary, or joint account holder, or for which either of you is an authorized signatory. If you have more than one account with an institution, list each account separately.

N/A

Name of Financial Institution	Name(s) of Account Holder(s)	Account Type	Approximate Current Balance

Check here if additional information is provided in the addendum.

Retirement Accounts and Annuities

5. List all U.S. retirement accounts (including but not limited to IRAs, deferred compensation, Keoghs, pension, and 401(k) accounts), as well as annuities, **owned** by you or your spouse or domestic partner.

N/A

Name of Institution	Name(s) of Account Holder(s)	Account Type	Approximate Current Value

Bonds, Notes, and Bills

6. Provide the **total market value** of all U.S. government-issued bonds, notes, and bills (e.g., savings bonds, municipal bonds, treasury notes) held by you or your spouse or domestic partner.

N/A

Total Approximate Market Value of Holdings:

Stocks and Other Bonds

7. List all U.S. stocks that are **not held in a brokerage account**, and all bonds that are **not government-issued**, held by you or your spouse or domestic partner. N/A

Name of Institution/Issuer	Name(s) of Account Holder(s)	Number of Shares or Face Value of Bonds	Approximate Current Market Value	Dividend or Interest Income Earned Prior Calendar Year

Foreign Financial Interests

8. Provide details below if you or your spouse or domestic partner has direct control or ownership of foreign financial businesses, foreign bank accounts, or other foreign financial interests (including but not limited to stocks, annuities, retirement accounts, government-issued bonds, notes, and bills, investments, or ownership of corporate entities). **Exclude U.S.-based funds or accounts managed through an employer.** N/A

Type of Foreign Financial Interest	Name(s) of Account Holder(s)	Value (U.S. Dollars)

Foreign Financial Interests (Controlled by Someone Else)

9. Provide details below if you or your spouse or domestic partner has foreign interest that **someone else controls on your behalf** (including but not limited to stocks, annuities, retirement accounts, government-issued bonds, notes, and bills, investments, or ownership of corporate entities). **Exclude U.S.-based funds or accounts managed through an employer.**

N/A

Type of Foreign Financial Interest	Name(s) of Account Holder(s)	Name of Person Who Controls the Financial Interest	Your Relationship to Them	Value (U.S. Dollars)

Check here if additional information is provided in the addendum.

Money Owed to You or Your Spouse or Domestic Partner

10. If you or your spouse or domestic partner is owed money (e.g., personal loans, promissory notes), provide details below.

N/A

Debtor #1		
Full name of debtor		
Relationship to you		
Home address		
Date of loan (month/year)		
Reason for loan		
Original amount of loan		
Repayment terms	Payment frequency:	Interest rate:
Date loan is due (month/year)		
Approximate outstanding balance		

Debtor #2		
<input type="checkbox"/> N/A		
Full name of debtor		
Relationship to you		
Home address		
Date of loan (month/year)		
Reason for loan		
Original amount of loan		
Repayment terms	Payment frequency:	Interest rate:
Date loan is due (month/year)		
Approximate outstanding balance		

Check here if additional information is provided in the addendum.

Debtor Employment/Business with the City of New York

11. Provide details below if a debtor listed in response to Question 10 is **employed by the City of New York** (or any of its agencies) or **does business with the City of New York** (or any of its agencies).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

N/A

Debtor's Full Name	Debtor's City Agency or Nature of Business with the City	Debtor's Title/Position

Pension or Retirement Benefits

12. If you are **collecting** a pension or retirement benefit, provide details below. Include New York City retirement systems (e.g., NYCERS, TRS) and any government or private retirement system or pension plan.

N/A

Name of Retirement or Pension Fund	Total Received Annually

Interests in Businesses, Firms, Entities, or Other Organizations

13. List any interest, direct or indirect, which you or your spouse or domestic partner has in a business, firm, partnership, entity, or other organization, other than through ownership of publicly-traded stocks or bonds. Include all ownership interests, whether or not income has been received from them.

N/A

Name of Entity	Nature of Interest	Date Acquired (Month/Year)	Approximate Current Market Value of Interest	Income Earned Prior Calendar Year

Ownership of Real Property in the United States

14. List any residence, **including your current primary residence**, or item of real estate located in the U.S., or in a U.S. territory or commonwealth, in which you or your spouse or domestic partner has an ownership interest, whether direct or indirect. Include all real property (e.g., houses, condominiums, shares in cooperative apartments, commercial properties, investment properties).

N/A

U.S. Property #1

Property address

Type: House Condominium Co-op Apartment Other: _____

Date purchased (month/year)

Name of seller

Approximate acquisition cost

Approximate current value

Annual maintenance cost (e.g., for co-op or condo)

N/A

Total annual rental income received

N/A

Time spent there (e.g., three nights per week, weekends, holidays)

U.S. Property #2		<input type="checkbox"/> N/A
Property address		
Type: <input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Co-op Apartment <input type="checkbox"/> Other: _____		
Date purchased (month/year)	Name of seller	
Approximate acquisition cost	Approximate current value	
Annual maintenance cost (e.g., for co-op or condo)		<input type="checkbox"/> N/A
Total annual rental income received		<input type="checkbox"/> N/A
Time spent there (e.g., three nights per week, weekends, holidays)		

U.S. Property #3		<input type="checkbox"/> N/A
Property address		
Type: <input type="checkbox"/> House <input type="checkbox"/> Condominium <input type="checkbox"/> Co-op Apartment <input type="checkbox"/> Other: _____		
Date purchased (month/year)	Name of seller	
Approximate acquisition cost	Approximate current value	
Annual maintenance cost (e.g., for co-op or condo)		<input type="checkbox"/> N/A
Total annual rental income received		<input type="checkbox"/> N/A
Time spent there (e.g., three nights per week, weekends, holidays)		

Check here if additional information is provided in the addendum.

Ownership of Real Property in Foreign Countries

15. List any residence or item of real estate located **in a foreign country** (not in the U.S. or in a U.S. territory or commonwealth) in which you or your spouse or domestic partner has an ownership interest, whether direct or indirect. Include all real property (e.g., houses, condominiums, shares in cooperative apartments, commercial properties, investment properties).

N/A

Foreign Property #1

Property address

Type: House Condominium Co-op Apartment Other: _____

Date purchased (month/year)

Name of seller

Approximate acquisition cost

Approximate current value

Annual maintenance cost (e.g., for co-op or condo)

N/A

Total annual rental income received

N/A

Time spent there (e.g., three nights per week, weekends, holidays)

Foreign Property #2

N/A

Property address

Type: House Condominium Co-op Apartment Other: _____

Date purchased (month/year)

Name of seller

Approximate acquisition cost

Approximate current value

Annual maintenance cost (e.g., for co-op or condo)

N/A

Total annual rental income received

N/A

Time spent there (e.g., three nights per week, weekends, holidays)

Other Sources of Income

16. List all income you or your spouse or domestic partner has received within the **past 12 months** from any source not addressed by your previous answers in this questionnaire (including but not limited to inheritances, gambling winnings, alimony, child support, and public assistance).

N/A

Source of Income	Name(s) of Income Recipient(s)	Approximate Amount Received
		<input type="checkbox"/> one-time sum <input type="checkbox"/> total received annually
		<input type="checkbox"/> one-time sum <input type="checkbox"/> total received annually
		<input type="checkbox"/> one-time sum <input type="checkbox"/> total received annually

Personal Property

17. List each individual item of personal property (including but not limited to jewelry, art and collectibles, motor vehicles, watercraft, and aircraft) with a value of **\$5,000 or more**, which is held directly or indirectly by you or your spouse or domestic partner. **Do not include personal clothing or household furniture.**

N/A

Description of Item	Year of Acquisition	Value

LIABILITIES

Credit Cards

18. Provide details below for all credit cards that list you or your spouse or domestic partner as a **primary or secondary account holder** and that carry a **monthly balance of \$5,000 or more**. Include bank, retail, travel, and entertainment credit cards.

N/A

Name of Issuer or Bank	Type of Card (e.g., American Express, Discover, MasterCard, Visa)	Account Holder(s)	Current Balance

Check here if additional information is provided in the addendum.

Mortgages and Loans

19. List each creditor to whom you or your spouse or domestic partner is indebted for **\$5,000 or more** (whether secured or unsecured).

Include personal loans, student loans, mortgages, home equity loans, car loans/leases, and any other debts or obligations made, guaranteed, or co-signed by either you or your spouse or domestic partner.

 N/A
Creditor #1

Name of creditor (if creditor is a person, also state your relationship to them)

Nature of debt

Nature of security (e.g., house, car, unsecured)

Date incurred (month/year)

Original amount of debt

Length of loan (years)

Interest rate

Payment frequency

Amount of each payment

Year loan is due

Approximate outstanding balance

Creditor #2
 N/A

Name of creditor (if creditor is a person, also state your relationship to them)

Nature of debt

Nature of security (e.g., house, car, unsecured)

Date incurred (month/year)

Original amount of debt

Length of loan (years)

Interest rate

Payment frequency

Amount of each payment

Year loan is due

Approximate outstanding balance

Check here if additional information is provided in the addendum.

Creditor #3 <input type="checkbox"/> N/A	
Name of creditor (if creditor is a person, also state your relationship to them)	
Nature of debt	Nature of security (e.g., house, car, unsecured)
Date incurred (month/year)	Original amount of debt
Length of loan (years)	Interest rate
Payment frequency	Amount of each payment
Year loan is due	Approximate outstanding balance

Creditor #4 <input type="checkbox"/> N/A	
Name of creditor (if creditor is a person, also state your relationship to them)	
Nature of debt	Nature of security (e.g., house, car, unsecured)
Date incurred (month/year)	Original amount of debt
Length of loan (years)	Interest rate
Payment frequency	Amount of each payment
Year loan is due	Approximate outstanding balance

Check here if additional information is provided in the addendum.

Creditor #5 <input type="checkbox"/> N/A	
Name of creditor (if creditor is a person, also state your relationship to them)	
Nature of debt	Nature of security (e.g., house, car, unsecured)
Date incurred (month/year)	Original amount of debt
Length of loan (years)	Interest rate
Payment frequency	Amount of each payment
Year loan is due	Approximate outstanding balance

Creditor #6 <input type="checkbox"/> N/A	
Name of creditor (if creditor is a person, also state your relationship to them)	
Nature of debt	Nature of security (e.g., house, car, unsecured)
Date incurred (month/year)	Original amount of debt
Length of loan (years)	Interest rate
Payment frequency	Amount of each payment
Year loan is due	Approximate outstanding balance

Check here if additional information is provided in the addendum.

Non-Commercial Creditors' Associations with the City of New York

20. This question does **not** apply to commercial lending institutions (e.g., commercial banks, credit unions, mutual companies). If a **non-commercial** lender/creditor listed in response to Question 19 is **employed by the City of New York** (or any of its agencies), or if they **do business with the City of New York** (or any of its agencies), provide details below.

N/A

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

Full Name of Creditor (Institution or Person)	Creditor's City Agency or Nature of Business with the City

Outstanding Judgments

21. List all judgments entered against you or your spouse or domestic partner that are outstanding (**except tax judgments and liens, which should be disclosed in Question 22**). Include documentation with your background paperwork.

N/A

Name of Creditor and Court Where Judgment Was Filed	Date of Judgment (Month/Year)	Garnishment Yes/No		Original Amount	Amount Outstanding
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Check here if additional information is provided in the addendum.

Tax Judgments and Liens

22. List all tax judgments and/or liens entered against you or your spouse or domestic partner within the **past seven years, even if they have been satisfied.**

Candidates undergoing a background investigation must satisfy all outstanding tax judgments and liens with the appropriate tax authority, either by making full payment or by entering into a payment agreement.

Include documentation of your **full payment** with your background paperwork (e.g., receipt, bank statement, canceled check, certificate of release of federal tax lien, satisfaction of judgment), or a copy of your **current installment payment agreement** and documentation of your three most recent payments.

N/A

Name of Tax Authority	Name of Responsible Taxpayer	Date of Judgment (Month/Year)	Original Amount	Amount Outstanding	Date Satisfied (Month/Year)
					<input type="checkbox"/> Not satisfied
					<input type="checkbox"/> Not satisfied
					<input type="checkbox"/> Not satisfied
					<input type="checkbox"/> Not satisfied
					<input type="checkbox"/> Not satisfied

Check here if additional information is provided in the addendum.

Money Owed to Tax Authorities

23. Provide details below if you or your spouse or domestic partner owes money **(not including tax judgments or liens)** to federal or state tax authorities.

N/A

Include documentation (e.g., installment payment agreement) with your background paperwork.

Name of Tax Authority	Name of Responsible Taxpayer	Tax Year	Amount Outstanding	Details of Most Recent Payment	Anticipated Date of Satisfaction
				Date	
				Amount	
				Date	
				Amount	

Tax Audits

24. If a tax authority has audited any tax return filed by you or your spouse or domestic partner **within the past five years**, provide details below. This does **not** include tax assessments or tax bills.

N/A

Include a copy of the tax authority's findings, or your most recent correspondence with the tax authority, with your background paperwork.

Name of Tax Authority	Name of Audited Taxpayer	Tax Year	Findings of Audit	Interest or Penalties Assessed and/or Paid	Outcome or Status

Bankruptcies

25. Provide details below if you or your spouse or domestic partner has filed a petition under any chapter of the bankruptcy code, or has been the subject of a bankruptcy or reorganization proceeding, within the past **10 years**.

 N/A

Provide a copy of the bankruptcy discharge documents, including a list of creditors, with your background paperwork.

Bankruptcy #1

Name of filer

Bankruptcy petition type

 Chapter 7 Chapter 11 Chapter 13

Name of court

Date filed (month/year)

Date discharged (month/year)

Total debt discharged

Detailed explanation of the reason for filing for bankruptcy

Bankruptcy #2
 N/A

Name of filer

Bankruptcy petition type

 Chapter 7 Chapter 11 Chapter 13

Name of court

Date filed (month/year)

Date discharged (month/year)

Total debt discharged

Detailed explanation of the reason for filing for bankruptcy

 Check here if additional information is provided in the addendum.

Evictions

26. If you have ever been evicted from a property you owned or rented, or at which you resided, provide details below. N/A

Property Address	Date of Eviction (Month/Year)	Amount Owed at Time of Eviction	Current Balance
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Reason for Eviction:

Child Support Payment Obligations

27. List any child support payments you are currently obligated to make. N/A

Name of Recipient (e.g., Custodial Parent, Child Support Agency)	Name of Child	Date Commenced (Month/Year)	Frequency and Amount of Payments	Most Recent Payment
			Frequency	Date
			Amount	Amount
			Frequency	Date
			Amount	Amount

Court-Ordered Child Support Payments

28. If you have been ordered by a court to make child support payments, provide details below. **N/A**

Name and Location of Court (e.g., Supreme Court of the State of New York County, Family Court of the State of New York)	Date of Most Recent Order of the Court (Month/Year)	Case Name and Index Number	Frequency and Amount of Payments
			Frequency
			Amount
			Frequency
			Amount

Outstanding Balances Due on Child Support Payments

29. If you have an outstanding balance due on any child support payment, provide details below. **N/A**

Amount Owed	Date of Last Child Support Payment	Reason Child Support is Outstanding

Civil Litigation and Lawsuits

30. If you have been involved as a plaintiff, defendant, or respondent in any civil litigation or lawsuit commenced within the past 10 years , provide details below.				<input type="checkbox"/> N/A
Title of Action and Date Commenced (Month/Year)	Status or Outcome of Litigation	Amount You Owed or Were Awarded	Date Paid (Month/Year)	<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A

Administrative Proceedings

31. If you have been involved as a party to, or have been the subject of, an administrative proceeding (e.g., disciplinary proceeding, censure, Conflicts of Interest Board enforcement action) commenced within the past 10 years , provide details below. Do not include any Equal Employment Opportunity or whistleblower matters you have reported.				<input type="checkbox"/> N/A
Disposition (Month/Year)	Government Agency Involved	Fine or Penalty Imposed	Status of Fine or Penalty	<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A

Check here if additional information is provided in the addendum.

Government Benefits

32. Provide details below if you have ever been informed of an overpayment of, or if you have been requested or required to repay, a federal, state, or local government-issued benefit or payment (e.g., public assistance, food stamps, unemployment insurance, workers' compensation, Medicaid, Social Security, public pension, public housing/Section 8 rent subsidy).

N/A

Benefit-Issuing Entity	Date of Notification (Month/Year)	Amount Owed	Status of Repayment

Financial Arrangements (Potential Conflicts of Interest)

33. List any financial arrangements that may present a potential conflict of interest with your City employment.

N/A

Description of the Financial Arrangement	Name of Other Involved Party	Basis of Potential Conflict of Interest	Your Plan to Resolve the Potential Conflict of Interest (e.g., advice from COIB, resignation, divestiture, recusal)

CERTIFICATION AND SIGNATURE

**This Questionnaire must be signed and sworn to by you before a
Notary Public or Commissioner of Deeds.**

I, _____, being duly sworn, state that I have read and I understand all of the questions and answers contained in the foregoing 24 pages of this questionnaire and the _____ page(s) of the addendum that I have attached hereto; that I have supplied full and complete information in answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true.

I further understand that a false statement or intentional omission made in this report or in connection with this background investigation may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

Candidate's Signature

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public or Commissioner of Deeds

ADDENDUM

Question _____ Page _____

Question _____ Page _____

Question _____ Page _____

Last Name: _____ Last four digits of SSN: _____ Date: _____

Financial Background Investigation Questionnaire Document Checklist

Use this checklist to help you organize your background investigation paperwork prior to submitting it to DOI.

Include copies of the documents listed below only if they apply to you.

<input type="checkbox"/>	Documentation of outstanding judgments (Question 21)
<input type="checkbox"/>	Documentation of full payment of tax judgments and liens (e.g., receipt, bank statement, canceled check, certificate of release of federal tax lien, satisfaction of judgment) (Question 21)
<input type="checkbox"/>	Current installment payment agreement for outstanding tax judgments and liens, and documentation of your three most recent payments. (Question 21)
<input type="checkbox"/>	Documentation (e.g., installment payment agreement) of money owed to tax authorities (Question 23)
<input type="checkbox"/>	Tax authority's findings of audit, or your most recent correspondence with the tax authority (Question 24)
<input type="checkbox"/>	Bankruptcy discharge documents, including a list of creditors (Question 25)