

DEPARTMENT OF HOMELAND SECURITY
ALTERNATE CREDIT WORTHINESS EVALUATION
(Read Privacy Act Statement and Instructions on back before completing form.)

SECTION I - PERSONAL IDENTIFYING INFORMATION

1. NAME *(Last, First, Middle Initial, Suffix (Jr., Sr., etc.))*

2. WORK TELEPHONE NO. *(Include area code)*

3. E-MAIL ADDRESS

SECTION II - PERSONAL FINANCIAL INFORMATION

This form is being used in lieu of a credit check submitted through a credit reporting agency. Please check "Yes" or "No" in the spaces provided for each question below. **False statements may result in penalties (18 U.S.C. 1001).**

For the purpose of the government travel card, the answers provided below will be used to determine the credit limit to which you are entitled. Individuals who decline both a credit check and completion of this form will not be issued a travel card.

4. Have you had a government charge card cancelled as a result of delinquency or misuse?
(Actions which were reversed through appeal do not have to be included.) Yes No

5. In the past 7 years, have you been subject to any disciplinary action or adverse action stemming from the improper use of a government charge card? *(Actions which were reversed through appeal do not have to be included.)*
 Yes No

SECTION III - CERTIFICATION

I certify that the answers above 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)

6. SIGNATURE

7. DATE

8. SUPERVISOR/APPROVING OFFICIAL

a. NAME *(Last, First, Middle Initial)*

b. TELEPHONE
(Include area code)

c. ADDRESS *(If different from applicant)*

SECTION IV - TO BE COMPLETED BY THE AGENCY PROGRAM COORDINATOR (APC)

9. ACCOUNT HIERARCHY NUMBER

10. ORGANIZATION /COMPONENT NAME

11. APC

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE

ALTERNATE CREDIT WORTHINESS EVALUATION

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397 (SSN); P.L. 108-447 Sec. 639 and 5 U.S.C. 5707 and implementing Federal Travel Regulations, FPMR 101-7

PRINCIPAL PURPOSE(S): The purpose of this form is to collect information related to determining whether Federal employees who are applicants for and will be issued a government travel charge card have suitable credit histories to ensure the appropriate use of such card for government duties. The information from this form will be used primarily as the basis for evaluating the credit worthiness of an individual in the absence of an authorized credit check.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary for administrative purposes or as authorized by routine uses in the GSA/GOV'T 3 system of records entitled, The Travel Charge Card Program.

DISCLOSURE: Disclosure is voluntary; however, if you do not provide the requested information, you may not be able to obtain an individually billed government travel card to perform government duties.

INSTRUCTIONS

Follow instructions fully and answer all questions or we cannot process your form. Be sure to sign and date the certification statement in Section III. If you have any questions, contact the Agency Program Coordinator who gave you the form or your Approving Official/Supervisor.

Purpose of this Form:

Complete this form only if you have declined to permit a credit check for an individually billed travel card.

The Review Process:

The information that you provide is considered to be truthful and accurate. You should provide your completed form to your Agency Program Coordinator. Individuals unable or unwilling to sign this form will not be issued a government charge card. If your answers reflect that no financial risk exists, your form will be maintained along with your application for the government charge card for which you are applying as a result of your official duties. Should information arise at a later date that would cause your current answers to be incorrect, you may revise and resubmit the form. Any information that indicates that your responses are not accurate or truthful may result in administrative action.

Completing this Form:

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You must sign and date, in ink the original.

Completing this Form (Continued):

2. Type or legibly print your answers in ink. If your form is not legible, it will not be accepted.
3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with their intent.
4. All telephone numbers must include area codes.
5. All dates provided on this form must be in Month/Day/Year or Month/Year format.
6. If the address is outside of the United States, please indicate the country.

Penalties for Inaccurate or False Statements:

The U.S. Criminal Code (Title 18, Section 1001) provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 and/or 5 years imprisonment, or both. In addition, Federal agencies usually remove from their employment, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position you are in is considered necessary to require use of a government charge card, your trustworthiness and creditworthiness are important considerations in determining your eligibility for retention of a government charge card.