

## **PETROLEUM UST RELEASE COMPENSATION BOARD HARDSHIP STATUS**

### Overview

Recognizing that clean-up costs for petroleum contamination may place a financial burden on some UST owners, the Petroleum Underground Storage Tank Release Compensation Board's (Board) rules include a provision entitled "Hardship Status" (OAC 3737-1-08, copy enclosed). This provision assists owners who experience financial hardship in paying clean-up costs because of individual or business cash flow.

Hardship Status extends the benefit of an expedited review and, therefore, expedited payment of a claim, provided that clean-up costs are timely submitted for reimbursement and are properly documented, justified, and reasonable. Even with Hardship Status, if the costs submitted in a claim are not properly documented, the amount of reimbursement may be reduced or denied until costs are justified. In addition, owners granted Hardship Status must still pay for the deductible amount of coverage before any payment from the Fund can be made.

In order to apply for Hardship Status, the attached "Hardship Status Application" must be completed and submitted with the UST owner's financial data, which demonstrates a lack of financial ability to finance clean-up costs. The Board's Executive Director will review the application and recommend its approval or denial to the Board. The Board may agree or disagree with the Executive Director's recommendation. If the Board approves the application for Hardship Status, claims will be reviewed and the results of that review will be issued no more than 90 days from receipt of a claim application. Once approved, Hardship Status is in effect for a one-year period. Thereafter, the UST owner may apply for extensions of Hardship Status by completing and submitting a new application with updated financial information.

Because the Board is a public agency, once the application and financial information are received, it becomes a public document and is subject to any request for review from the public. It is not the Board's intent to publicize this information, however, in maintaining files that must be open to the public, the possibility exists someone else will review the application and supporting documents. If you apply for Hardship Status, you may not withhold the required financial data. The Board believes its request for the documents is reasonable and only documents that demonstrate your true financial condition are being requested.

If you require any information to assist you with completing this application or have any questions regarding the hardship application requirements, please contact the Board's office at (800) 224-4659 (in Ohio only) or (614) 752-8963.

## HARDSHIP STATUS APPLICATION

1. Tank Owner/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

2. Are you retired? Yes / No

3. Owner # (Certificate of Coverage #) assigned by the Board: \_\_\_\_\_

4. How many USTs do you own? \_\_\_\_\_ How many USTs do you operate? \_\_\_\_\_

If none, when did you last own/operate USTs? \_\_\_\_\_

5. Provide the business name and address of the release site where the clean up must be conducted:

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Is the business operating? Yes / No If no, when was the business closed? \_\_\_\_\_

7. If you have been assigned a claim number for this site by the Board, please provide it:

Claim # \_\_\_\_\_

8. BUSTR Release # \_\_\_\_\_

9. If your eligibility status for this release has not been determined and you have not previously filed an Application for Eligibility, are you submitting an Application for Eligibility with this application? Yes / No If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



14. Please list all persons or businesses to which you currently owe more than \$500 and state the amount you owe:

| Mortgage and Real Estate Loans   |                           |                       |
|--|---------------------------|-----------------------|
| Type of loan and property secured against (Example: first mortgage on primary residence) | Owed To (Bank name, etc.) | Balance Due (pay off) |
| 1.   |                           |                       |
| 2.   |                           |                       |
| 3.   |                           |                       |
| 4.   |                           |                       |

| Vehicle Loans<br>(Cars, trucks, boats, motorcycles, etc.) |                           |                       |
|---|---------------------------|-----------------------|
| Vehicle (Make, Model & Year)                              | Owed To (Bank name, etc.) | Balance Due (pay off) |
| 1.  |                           |                       |
| 2.  |                           |                       |
| 3.  |                           |                       |
| 4.  |                           |                       |

| Furniture and Household Goods Loans<br>(Appliances, furniture, etc.) |                           |                       |
|--|---------------------------|-----------------------|
| Item Description   | Owed To (Bank name, etc.) | Balance Due (pay off) |
| 1.   |                           |                       |
| 2.   |                           |                       |
| 3.   |                           |                       |
| 4.   |                           |                       |

| Credit Cards and Lines of Credit    |                           |                       |
|-------------------------------------|---------------------------|-----------------------|
| Credit Card / Line of Credit (Type) | Owed To (Bank name, etc.) | Balance Due (pay off) |
| 1.                                  |                           |                       |
| 2.                                  |                           |                       |
| 3.                                  |                           |                       |
| 4.                                  |                           |                       |

| Other Debt<br>(Taxes owed, alimony, child support, student loans, etc.) |                              |                          |
|---|------------------------------|--------------------------|
| Type of Debt  | Owed To<br>(Bank name, etc.) | Balance Due<br>(pay off) |
| 1.  |                              |                          |
| 2.  |                              |                          |
| 3.  |                              |                          |
| 4.  |                              |                          |

15. Please list all persons or businesses that currently owe you more than \$500 and state the amount you are owed:

| Name of Person or Business | Amount Due You |
|----------------------------|----------------|
| 1.                         |                |
| 2.                         |                |
| 3.                         |                |
| 4.                         |                |

16. List all cash assets, accounts, time deposits, stocks, bonds, annuities, insurance policies, or other financial instruments you own with a current fair market value of \$1,000 or greater:

| Bank Accounts<br>(Checking, Savings, CDs, Money Markets, etc.) |                 |
|--|-----------------|
| Type of Account  | Current Balance |
| 1.   |                 |
| 2.   |                 |
| 3.   |                 |
| 4.   |                 |

| Investments<br>(Stocks, Bonds, Mutual Funds, REITs, etc.) |                      |
|---|----------------------|
| Type of Investment  | Current Market Value |
| 1.  |                      |
| 2.  |                      |
| 3.  |                      |
| 4.  |                      |

| Retirement Funds/Accounts<br>(IRAs, 401(k), 403(b), Company Retirement Fund, Pensions, etc.) |                        |
|--|------------------------|
| Type of Investment   | Estimated Market Value |
| 1.   |                        |
| 2.   |                        |
| 3.   |                        |
| 4.   |                        |

| Life Insurance Policies with Value<br>(Whole Life, Universal Life) |                 |
|--|-----------------|
| Type of Policy   | Cash Value (\$) |
| 1.   |                 |
| 2.   |                 |
| 3.   |                 |
| 4.   |                 |

17. Please list all real estate you own in whole or part and provide its appraised value for property tax purposes:

| Primary Residence               |                 |
|---------------------------------|-----------------|
| Location (address, city, state) | Estimated Value |
|                                 |                 |

| Other Real Estate<br>(Land, Buildings – commercial, business, rental, vacation, etc.) |                 |
|---|-----------------|
| Location (address, city, state)   | Estimated Value |
| 1.  |                 |
| 2.  |                 |
| 3.  |                 |
| 4.  |                 |

18. Please list all vehicles you own in whole or part and provide the estimated values:

| Vehicles Used for Commuting |                                |
|-----------------------------|--------------------------------|
| Make / Model / Year         | Estimated Value<br>(Blue Book) |
| 1.                          |                                |
| 2.                          |                                |
| 3.                          |                                |
| 4.                          |                                |

| Other Vehicles Not Used for Commuting<br>(Cars, trucks, motorcycles, recreational vehicles–ATVs, motor homes, boats, airplanes) |                                |
|---|--------------------------------|
| Make / Model / Year   | Estimated Value<br>(Blue Book) |
| 1.  |                                |
| 2.  |                                |
| 3.  |                                |
| 4.  |                                |

19. List household living expenses typical of last year, indicating if any are likely to change significantly in the next 12 months. Please indicate whether the listed expense is a weekly, monthly, quarterly or yearly expense amount. If you own an operating business, exclude any business expenses and attach available financial statements for your business.

| Expense Items                                 | Amount | Period |   |   |   |
|---|--------|--------|---|---|---|
|   |        | W      | M | Q | Y |
| Rent  |        |        |   |   |   |
| Home Maintenance                              |        |        |   |   |   |
| Transportation (include auto maintenance)     |        |        |   |   |   |
| Home heating oil, gas, etc.                   |        |        |   |   |   |
| Electricity                                   |        |        |   |   |   |
| Water & sewer                                 |        |        |   |   |   |
| Telephone                                     |        |        |   |   |   |
| Food  |        |        |   |   |   |
| Clothing, personal care                       |        |        |   |   |   |
| Medical                                       |        |        |   |   |   |
| Mortgage payments (principal & interest only) |        |        |   |   |   |
| Car payments                                  |        |        |   |   |   |
| Credit card interest                          |        |        |   |   |   |
| Other debt payments                           |        |        |   |   |   |
| Home insurance                                |        |        |   |   |   |
| Life insurance                                |        |        |   |   |   |
| Auto insurance                                |        |        |   |   |   |
| Medical insurance                             |        |        |   |   |   |
| Property taxes                                |        |        |   |   |   |
| Federal income taxes (net of refunds)         |        |        |   |   |   |
| State & local income taxes (net of refunds)   |        |        |   |   |   |
| FICA (Social Security tax)                    |        |        |   |   |   |
| Other taxes                                   |        |        |   |   |   |
| Childcare                                     |        |        |   |   |   |
| Tuition/ Educational loan payments            |        |        |   |   |   |
| Legal or professional fees                    |        |        |   |   |   |
| Other (attach description)                    |        |        |   |   |   |



20. Please attach entire federal income tax returns. If the applicant is a corporation, attach the corporation's income tax returns for the previous three years. If the applicant is an individual, sole proprietorship, or partnership, attach copies of the individual(s) income tax returns and W-2's, if appropriate, for the previous two years. Please redact all social security numbers.
21. Attach any audit or compilation detailing the finances of the business operations over the past two years.
22. Attach any other records you believe demonstrate financial hardship.
23. Please read, sign, and date the following certification:

CERTIFICATION

As the person applying to the Petroleum UST Release Compensation Board for Hardship Status pursuant to O.A.C. 3737-1-08, I certify that all answers and data submitted as part of my application are true and accurate representations of my financial condition. I have withheld no information or documents that have been requested.

I understand that this application and any of the information required to be filed with it is a public record and, upon request, is available to any person for review.

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Signature of UST Owner

Date

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Print or type name of person signing above

**CHECKLIST FOR SUBMITTING THE HARDSHIP STATUS APPLICATION:**

- \_\_\_\_\_ Fully complete and sign the application;
- \_\_\_\_\_ Attach the requested financial data and include any other data which you believe will assist us in the review of your application; and,
- \_\_\_\_\_ Include an Application for Eligibility for the release, if you have not previously been determined eligible to claim against the Financial Assurance Fund. The application is available on the Board's website:  
<http://petroboard.org/Pdfs/EligibilityApplication.pdf>.

**MAIL THE COMPLETED, SIGNED APPLICATION AND ACCOMPANYING RECORDS TO:**

**Petroleum UST Release Compensation Board  
P.O. Box 2280  
Westerville, OH 43086-2280**

**3737-1-08    Disbursement of the financial assurance fund.**

- (A) Once eligibility of the fund has been determined in accordance with rules 3737-1-07 or 3737-1-19 of the Administrative Code and the director of the fund has determined that an application for reimbursement is complete, obligations of the fund will not occur unless and until the deductible or the reduced deductible, as applicable, set forth in rule 3737-1-06 of the Administrative Code has been met. Costs determined to be non-reimbursable pursuant to paragraph (A) of rule 3737-1-09 of the Administrative Code shall not be applied toward the responsible person's deductible or reduced deductible. Reimbursable costs covered by insurance policies or recoverable from any other party shall be applied toward the responsible person's deductible or reduced deductible.
  
- (B) Obligations of the fund for eligible claims will be made on a first-come, first-served basis as determined by receipt of a completed application in accordance with rule 3737-1-12 of the Administrative Code, except when:
  - (1) The fire marshal requests approval of an accelerated review on the basis of the threat posed to human health or the environment by the release to which the claim applies;
  - (2) An accelerated review is granted under paragraph (D) of this rule; or
  - (3) The director determines that efficiency and cost savings will be better served by an on first-come, first-served review.

Notwithstanding any of the above provisions, the director may prioritize claims for releases that have received no further action status.

- (C) The board may by resolution provide for the payment of claims by installments in a manner and for a period of time it deems appropriate when the board concludes that such action is necessary to maintain the financial soundness of the financial assurance fund.
  
- (D) A responsible person may file with the board a request for an accelerated review of a claim by submitting an application for hardship status on a form prescribed by the director, and by providing financial documentation to the director that demonstrates approval of hardship status is necessary to prevent an imminent financial hardship to the responsible person.
  - (1) As a result of such request, the director may:
    - (a) Seek additional information from the responsible person to demonstrate imminent financial hardship, including but not limited to, a statement of assets and liabilities and/or a detailed listing of living expenses and income;

- (b) Request the responsible person sign a release to allow the director to obtain or inspect federal and state tax records; and
  - (c) Request copies of any contracts existing between the responsible person and his/her contractors and subcontractors remediating the site.
- (2) Tank owners who refuse to provide the requested information shall be denied hardship status. Any documentation received by the board for a hardship application may be a public record except if specifically exempt under section 149.43 of the Revised Code.
- (3) Upon review of financial data and/or other information provided by the responsible person, the director shall recommend to the board approval or denial of the request.

The board may accept or reject the director's recommendation. Should the board's action result in the approval of hardship status, the approval shall be for one year from the date of the board's action. A responsible person may file a subsequent request for hardship status on or before the expiration of a one-year period of hardship status.

- (4) The board may suspend or discontinue the hardship program when it determines that doing so is in the interest of the fund. Any hardship statuses that are currently in effect at the time the board suspends or discontinues the hardship program shall remain effective until the expiration of the one year period from the date the application was approved.

Effective: 11/30/2009

R.C. 119.032 review dates: 08/07/2009 and 08/03/2014

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Rule Amplifies: 3737.92  
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