



## Creditor Agency Profile Cover Sheet

Agency Code: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Bureau Code: \_\_\_\_\_ Bureau Name: \_\_\_\_\_  
 Office Code: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Program Code: \_\_\_\_\_ Program Name: \_\_\_\_\_

Update Type \_\_\_\_\_

### Point of Contacts

<u>Agency</u>
Primary
Alternate
TROR
Address

<u>Bureau</u>
Primary
Alternate
Address

<u>Office</u>
Primary
Alternate
Address

<u>Program</u>					
<u>Main</u>	<u>IPAC</u>	<u>E-File</u>	<u>1099-C</u>	<u>Dispute</u>	<u>AWG</u>
Primary	Primary	Primary	Primary	Primary	Primary
Alternate	Alternate	Alternate	Alternate	Alternate	Alternate

<u>Tools</u>					
PCA	AWG	CBR	1099C	DOJ	TOP
Compromise Authority		Interest Accrual		Penalty Accrual	

Other \_\_\_\_\_

Notes/Specific Instructions:

By signing below, I certify that I have delegated authority to execute this Cross-Servicing Agency Profile on behalf of the head of the Creditor Agency.

\_\_\_\_\_  
 Digital Signature (upon profile completion)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Phone Number or Email Address



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## Cross-Servicing Agency Profile

### Agency Information

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**CFO Agency**            Yes            No

#### *Primary Contact Information*

#### *Alternate Contact Information*

Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____



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## Cross-Servicing Agency Profile

### *TROR Contact Information*

	<i>Primary Contact Information</i>	<i>Alternate Contact Information</i>
Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

### *For Fiscal Service Use Only:*

Agency Code: \_\_\_\_\_



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## Cross-Servicing Agency Profile

### Bureau Information

Bureau Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

#### *Primary Contact Information*

#### *Alternate Contact Information*

Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

#### *For Fiscal Service Use Only:*

Bureau Code: \_\_\_\_\_



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## Cross-Servicing Agency Profile

### Office Information

Office Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

#### *Primary Contact Information*

#### *Alternate Contact Information*

Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

#### *For Fiscal Service Use Only:*

Office Code: \_\_\_\_\_



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## Cross-Servicing Agency Profile

### Program Information

Program Name \_\_\_\_\_  
EIN \_\_\_\_\_  
Debt Description \_\_\_\_\_  
Authorizing Statute \_\_\_\_\_  
Agency Location Code (ALC) \_\_\_\_\_

#### *Primary Contact Information*

#### *Alternate Contact Information*

Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

#### *For Fiscal Service Use Only:*

Program Code: \_\_\_\_\_



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## Cross-Servicing Agency Profile

### Program Detail Information

Referred Principal TAS/BETC \_\_\_\_\_  
Referred Interest TAS/BETC \_\_\_\_\_  
Referred Penalty TAS/BETC \_\_\_\_\_  
Referred Admin Cost TAS/BETC \_\_\_\_\_

### *IPAC Contact Information*

<i>Primary Contact Information</i>	<i>Alternate Contact Information</i>
Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____



## Cross-Servicing Agency Profile

### Program Detail Information (Cont.)

Program Classification (select either Administrative Debts or Loans):

**Administrative Debts (select only one)**

- Employee Advance
- Fee
- Fine
- Grant
- Miscellaneous (If selected, Desc. must be completed)  
Desc.: \_\_\_\_\_
- Overpayment
- Penalty
- State/Local Government

**Loans (select only one)**

- Business
- Education
- Housing
- Other (If selected, Desc. must be completed)  
Desc.: \_\_\_\_\_
- \_\_\_\_\_

Fiscal Service has **FULL** authority to compromise and/or collect debts in installments. Yes          No

*If no, please answer the following:*

Maximum Percent to be forgiven without obtaining CA concurrence: \_\_\_\_\_ .0%

Minimum Monthly Payment Amount: \_\_\_\_\_

Maximum Number of Months for Repayment: \_\_\_\_\_

*If no, provide specific legal citation for why your agency cannot provide Fiscal Service with full compromise authority:*

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Waive interest during payment agreement:          Yes          No

Waive penalty during payment agreement:          Yes          No





## Cross-Servicing Agency Profile

### *Program Detail Information (Cont.)*

Agency is required to obtain Fiscal Service or DOJ approval for compromises, suspensions, or terminations for debts with principal over \$100,000. Yes      No

*Note: Fiscal Service has delegated authority to compromise, suspend, or terminate debts with a principal balance up to \$500,000. If no, specify dollar amount (or 'unlimited') up to which agency can compromise/terminate/suspend: \_\_\_\_\_*

*If no, provide specific legal citation that authorizes your agency to compromise/terminate/suspend debts with principal balances >\$500,000 without Fiscal Service or DOJ approval:*

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Batch File Processing:      Yes      No

### *Electronic File Contact Information*

<i>Primary Contact Information</i>	<i>Alternate Contact Information</i>
Name _____	_____
Address _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip _____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____



## Cross-Servicing Agency Profile

### Program Collection Actions

Refer Debts to Private Collection Agency (PCA):                      Yes                      No

*If no, confirm that agency uses independent PCA or provide specific legal citation for why PCA Referral is not required:*

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Perform Administrative Wage Garnishment (AWG):                      Yes                      No

*If yes, provide citation of hearing procedure regulation that agency published:*

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*If yes, AWG Authorization Date (mm/dd/yyyy):* \_\_\_\_\_

*If no, provide specific legal citation for why AWG not permitted:*

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### AWG Contact Information

#### *Primary Contact Information*

#### *Alternate Contact Information*

<p>Name _____</p> <p>Address _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## Cross-Servicing Agency Profile

### *Program Collection Actions (Cont.)*

Perform Credit Bureau Reporting:                      Yes                      No

*If yes, provide the "Original Creditor Name" that should be used for Credit Bureau Reporting (CBR):*

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*If yes, begin reporting immediately or apply "Treasury Standard"                      Immediate Reporting                      Treasury Standard*

*If no, confirm that agency is independently reporting or provide specific legal citation for why CBR is not required:*

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File 1099-C for compromised and terminated debts:                      Yes                      No

*If no, confirm that agency is independently filing or provide specific legal citation for why 1099-C Filing is not required:*

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### ***1099-C Contact Information***

#### ***Primary Contact Information***

#### ***Alternate Contact Information***

<p>Name _____</p> <p>Address _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## Cross-Servicing Agency Profile

***Program Collection Actions (Cont.)***

Refer to Department of Justice (DOJ) for enforcement through litigation:                    Yes                    No

*If no, confirm that agency is independently referring or provide specific legal citation for why DOJ Referral is not required.*

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Refer to Treasury Offset Program (TOP)                    Yes                    No

*If no, confirm that agency is independently referring or provide specific legal citation for why TOP Referral is not required.*

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Use Cross-Servicing TOP Profile                    Yes                    No

*If no, indicate the payment types (Debt Match Bypass Indicators) against which debts should not be offset.*

SAL      SSA      Vendor      RRB      OPM      NTV      NSV      NST

*Provide specific legal citation and explanation for any bypass indicators selected:*

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When the debt has completed “active” collection activities via Cross-Servicing, it should remain “passive” at TOP.

Yes                    No

*If yes, leave in TOP indefinitely?*                    Yes                    No

*If no, leave passive at TOP \_\_\_\_\_ months if no offsets are taken.*



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## Cross-Servicing Agency Profile

### *Program Collection Actions (Cont.)*

#### *Dispute Contact Information*

	<i>Primary Contact Information</i>	<i>Alternate Contact Information</i>
Name	_____	_____
Address	_____	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____



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## Cross-Servicing Agency Profile

### Additional Fees and Accruals

#### *Program Financial Information: Fees*

Fees charged to the agency should be passed onto the debtor                      Yes                      No

*If no, provide specific legal citation for why fees are not allowed to be passed onto the debtor:*

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#### *Program Financial Information: Accruals Interest*

*Accrual Options: Choose only one:*

*Do not accrue interest. Provide legal citation:* \_\_\_\_\_

\_\_\_\_\_  
Cross-Servicing will accrue interest

Agency will provide adjustments for interest. Cross-Servicing will not accrue interest

*Penalty Accrual Options: Choose only one:*

*Do not accrue penalty. Provide legal citation:* \_\_\_\_\_

\_\_\_\_\_  
Cross-Servicing will accrue penalty.

Agency will provide adjustments for interest. Cross-Servicing will not accrue penalties.

#### *Program Financial Information: Bankruptcy*

Debts in this program are dischargeable:                      Yes                      No

*If no, provide specific legal citation for why debts are not dischargeable:*

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## Cross-Servicing Agency Profile

Initial Profile:           OR           Updated Profile:

Prepared by: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

***For Fiscal Service Use Only:***

Date Created: \_\_\_\_\_

Program Designation Code: \_\_\_\_\_ / \_\_\_\_\_ \*\*/ \_\_\_\_\_ / \_\_\_\_\_

Approval to exempt the use of collection tools:

PCA:	Date: _____	Approving Official: _____
AWG:	Date: _____	Approving Official: _____
CBR:	Date: _____	Approving Official: _____
1099-C:	Date: _____	Approving Official: _____
DOJ Referral:	Date: _____	Approving Official: _____
TOP Referral:	Date: _____	Approving Official: _____
Compromise authority: No	Date: _____	Approving Official: _____
Fiscal Service/DOJ approval:	Date: _____	Approving Official: _____

Fiscal Service conducting hearings for:

Salary: \_\_\_\_\_

Hardship: \_\_\_\_\_

AWG: \_\_\_\_\_

***Agency Liaison Notes:***

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