

**Fill in this information to identify the case:**

Debtor 1	_____	_____	_____
	First Name	Middle Name	Last Name
Debtor 2	_____	_____	_____
(Spouse, if Filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
(State)			
Case number: _____			

Form 1340 (12/19)

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

NOTE: If there are joint Claimants, complete the fields below for both Claimants.

AMOUNT:	_____
CLAIMANT'S NAME:	_____
CLAIMANT'S CURRENT MAILING ADDRESS, TELEPHONE NUMBER, and EMAIL ADDRESS:	_____

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**4. Notice to United States Attorney**

- Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

**Lawrence Fogelman**  
**Chief, Tax and Bankruptcy Unit**  
**United States Attorney's Office, SDNY**  
**86 Chambers St.**  
**New York, N.Y. 10007**

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATE: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

ADDRESS:

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATE: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Printed Name of Co-Applicant*

ADDRESS:

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**6. Notarization**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_, was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

**6. Notarization**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_, was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_