



## 2012 SURVEY OF FINANCIAL CONDITION

### FOR THE FISCAL YEAR ENDED DECEMBER 31, 2012

Department of Community & Economic Development  
 Governor's Center for Local Government Services  
 Commonwealth Keystone Building  
 400 North Street, 4th Floor  
 Harrisburg, PA 17120-0225  
 ph: 888-223-6837 | fax: 717-783-1402  
 municipalstatistics@state.pa.us

The Municipalities Financial Recovery Act, Act 47 of 1987, provides that each municipality shall complete and file with the Department of Community and Economic Development, a Survey of Financial Condition which applies to the municipality's prior fiscal year. As the Survey questions relate to the prior year, it cannot be completed or submitted until after the end of the fiscal year. Once the Survey has been signed by the presiding officer of your municipality's governing body and the municipal seal is affixed, please mail it to the Governor's Center for Local Government Services, as listed above, no later than March 15th.

**220633 MIDDLETOWN BORO****County of DAUPHIN**

1. Has your municipality maintained a deficit over a three-year period, with a deficit of 1% or more in each of the previous fiscal years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2. Have your municipality's expenditures exceeded revenues for a period of three years or more?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3. Has your municipality defaulted in payment of principal or interest on any of its bonds or notes or in payment of rentals due any authority?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
4. Has your municipality missed a payroll for 30 days?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Has your municipality failed to make required payments to judgment creditors for 30 days beyond the date of the recording of the judgment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
6. Has your municipality, for a period of at least 30 days beyond the due date, failed to forward taxes withheld on the income of employees or failed to transfer employer or employee contributions for social security?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
7. Has your municipality accumulated and operated for each of two successive years a deficit equal to 5% or more of its revenue?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
8. Has your municipality failed to make the budgeted payment of its minimum municipal obligation as required by section 302 of the act of December 18, 1984 (P.L. 1005. No.205), known as the Municipal pension fund during the fiscal year for which the payment was budgeted and failed to take action within that time period to make required payments?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
9. Has your municipality sought to negotiate resolution or adjustment of a claim in excess of 30% against a fund or budget and failed to reach an agreement with creditors?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
10. Has your municipality filed a municipal debt readjustment plan pursuant to Chapter 9 of the Bankruptcy Code (11 U.S.C. Sec 901 et seq)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
11a. Was your municipality at the maximum general purpose real estate tax limit as of the last municipal fiscal year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
11b. If yes, have you reduced police, highway or other services this fiscal year because of your inability to raise general purpose real estate taxes?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
12. Did your municipality borrow funds this year, other than tax anticipation borrowing, to meet current operating expenditures?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
13a. Has the basis of accounting used by your municipality been changed during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13b. What basis of accounting is currently used by your municipality?	<input type="checkbox"/> Cash Basis <input type="checkbox"/> Modified / Full Accrual Basis
13c. Has your auditor, in the most recent management letter, raised doubts about the ability of the municipality to function as a going concern? If yes, attach copy of the letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a. How many municipal employees were on your payroll at the beginning of the fiscal year?	Full-Time _____ Part-Time _____
14b. How many municipal employees were on your payroll at the end of the fiscal year?	Full-Time _____ Part-Time _____

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County of DAUPHIN

15a. (\* Required) If you answered "Yes" to any question from 1 to 12, please explain why you responded "Yes".

15b.(Optional) - If you answered "Yes" to any question from 1 to 12 and you do not feel your municipality is financially distressed, please explain.

16. (Optional) - Are you aware of any circumstances in or affecting your municipality that indicate to you that your municipality is in a condition of financial distress? If yes, what are those circumstances?

**SIGNATURE AND VERIFICATION OF PRESIDING OFFICER OF GOVERNING BODY**



I hereby certify that I have reviewed the information contained in this reporting form and that the information provided is to the best of my knowledge true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Phone

**TITLE:** (Please Check One)

President of Council - Boroughs

Mayor/President of Council - Cities

Chair of Board - Counties/Townships

Presiding Officer - Home Rule

