

when

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Financial Statement (Attachment)</b>			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many?      Age(s):			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
<b>4. Other Sources of Income Per Month in my Household:</b>		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
<b>Total Income, lines 3 (take home pay) and 4:</b>		<b>Sub-Total:</b>	
\$		\$	
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
Cash on hand:	\$		\$
Checking Account Balance:	\$		\$
Savings Account Balance:	\$		\$
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$	Sub-Total:	
Home (Value less mortgage):	\$	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	
\$		\$	
<b>Date:</b>		<b>Signature:</b>	