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

|  |
| --- |
| **Financial Statement (Attachment)** |
| 1. My name is: |
| 2. [ ] I provide support to people who live with me:How many? Age(s): |
| **3. My Monthly Income**: | **6. My Monthly Household Expenses**: |
| Employed [ ] Unemployed [ ] | Rent/Mortgage: | $ |
| Employer’s Name: | Food/Household Supplies: | $ |
| Gross pay per month (salary or hourly pay): | $ | Utilities: | $ |
| Take home pay per month: | $ | Transportation: | $ |
| **4. Other Sources of Income Per Month in my Household**: | Ordered Maintenance actually paid: | $ |
| Source: |  | $ | Ordered Child Support actually paid: | $ |
| Source: |  | $ | Clothing: | $ |
| Source: |  | $ | Child Care: | $ |
| Source: |  | $ | Education Expenses: | $ |
| Sub-Total: | $ | Insurance (car, health): | $ |
|  [ ] I receive food stamps. | Medical Expenses: | $ |
| **Total Income, lines 3 (take home pay) and 4**: | **$** | Sub-Total: | **$** |
| **5. My Household Assets**: | **7. My Other Monthly Household Expenses**: |
| 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): | $  | **8. My Other Debts with Monthly Payments**: |
| Other: | $ |  | $ /mo |
| Other: | $ |  | $ /mo |
| Other: | $ |  | $ /mo |
| Other: | $ |  | $ /mo |
| Other: | $ | Sub-Total: | $ |
| **Total Household Assets**: | **$** | **Total Household Expenses and Debts, lines 6, 7, and 8**: | **$** |
| **Date**:  | **Signature**: |