**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**: | |