

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

| Financial Statement (Attachment)  |          |   |              |
|---|----------|---|--------------|
| 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>   |          | Sub-Total:  | \$ _____     |
| <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> _____                                       |              |