***Notice: You must complete this form in English.***

***(Atención: Usted debe completar este formulario en inglés.)***

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

*(Nombre del Caso:) (Número del Caso:)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Financial Statement (Attachment)**  ***(Declaración Financiera (Anexo))*** | | | | | | |
| 1. My name is:  *(Mi nombre es:)* | | | | | | |
| 2.  I provide support to people who live with me:How many?: Age(s):  *(Doy sostén económico a personas que viven conmigo: ¿Cuántos? Edad(es))* | | | | | | |
| **3. My Monthly Income**:  *(MIs Ingresos Mensuales:)* | | | | | **6. My Monthly Household Expenses**:  *(Los Gastos Mensuales de Mi Hogar:)* | |
| Employed  Unemployed  *(Tengo Empleo) (No Tengo Empleo)* | | | | | Rent/Mortgage:  *(Renta/Hipoteca:)* | $ |
| Employer’s Name:  *(Nombre del Empleador:)* | | | | | Food/Household Supplies:  *(Comida/Artículos del Hogar:)* | $ |
| Gross pay per month (salary or hourly pay):  (*Pago bruto mensual - sueldo o paga por hora:)* | | $ | | | Utilities:  *(Servicios Públicos:)* | $ |
| Take home pay per month:  (*Paga mensual sin impuestos:)* | | $ | | | Transportation:  *(Transporte:)* | $ |
| **4. Other Sources of Income Per Month in my Household**:  (*Otras Fuentes de Ingresos Mensuales en mi Hogar:)* | | | | | Ordered Maintenance actually paid:  *(Sostén Económico Ordenado realmente pagado:)* | $ |
| Source:  (*Fuente:)* |  | $ | | | Ordered Child Support actually paid:  (*Manutención de Niños realmente pagada:)* | $ |
| Source:  (*Fuente:)* |  | $ | | | Clothing:  (*Ropa:)* | $ |
| Source:  (*Fuente:)* |  | $ | | | Child Care:  (*Cuidado de Niños:)* | $ |
| Source:  (*Fuente:)* |  | $ | | | Education Expenses:  *(Gastos de Estudios:)* | $ |
| Sub-Total: | | $ | | | Insurance (car, health):  (*Seguro (carro, salud):)* | $ |
| [ ] I receive food stamps.  (*Recibo cupones de alimentos.)* | | | | | Medical Expenses:  (*Gastos médicos:)* | $ |
| **Total Income, lines 3 (take home pay) and 4**:  *(Total de Ingresos, líneas 3 (paga sin impuestos) y 4:)* | | | | **$** | Sub-Total: | **$** |
| **5. My Household Assets**:  *(Los Bienes de Mi hogar:)* | | | | | **7. My Other Monthly Household Expenses**:  *(Mis Otros Gastos Mensuales del Hogar:)* | |
| Cash on hand:  *(Efectivo a mano:)* | | $ | | |  | $ |
| Checking Account Balance:  *(Saldo en cuenta de cheques:)* | | $ | | |  | $ |
| Savings Account Balance:  *(Saldo en cuenta de ahorros:)* | | $ | | |  | $ |
| Auto #1 (Value less loan):  *(Auto #1 – su valor menos el préstamo:)* | | $ | | |  | $ |
| Auto #2 (Value less loan):  *(Auto #2 – su valor menos el préstamo:)* | | | $ | | Sub-Total: | **$** |
| Home (Value less mortgage):  *(Vivienda - valor menos hipoteca:)* | | | $ | | **8. My Other Debts with Monthly Payments**:  (*Mis Otras Deudas con Pagos Mensuales:)* | |
| Other:  *(Otro:)* | | | $ | |  | $ /mo  *(/mes)* |
| Other:  *(Otro:)* | | | $ | |  | $ /mo  *(/mes)* |
| Other:  *(Otro:)* | | | $ | |  | $ /mo  *(/mes)* |
| Other:  *(Otro:)* | | | $ | |  | $ /mo  *(/mes)* |
| Other:  *(Otro:)* | | | $ | | Sub-Total: | $ |
| **Total Household Assets:**  *(Total Bienes del Hogar:)* | | | **$** | | **Total Household Expenses and Debts, lines 6, 7, and 8**:  *(Total de Gastos y Deudas del Hogar, líneas 6, 7, y 8:)* | **$** |
| **Date**:  *(Fecha:)* | | | | | **Signature**:  *(Firma:)* | |