

FINANCIAL STATEMENT

1. My name is:

2. I provide support to people who live with me: How many?

Age(s):

3. My Monthly Income:

Employed Unemployed

Employer's Name:

Gross pay per month (salary or hourly pay) \$

Take home pay per month \$

4. Other Sources of Income Per Month in my Household:

Source \$

Source \$

Source \$

Source \$

Sub-Total: \$

I receive food stamps

Total Income, lines 3 (take home pay) and 4 \$

6. My Monthly Household Expenses:

Rent/Mortgage \$

Food/Household Supplies \$

Utilities \$

Transportation \$

Ordered Maintenance actually paid \$

Ordered Child Support actually paid \$

Clothing \$

Child Care \$

Education Expenses \$

Insurance (car, health) \$

Medical Expenses \$

Sub-Total \$

5. My Household Assets

Cash on hand \$

Checking Account Balance \$

Savings Account Balance \$

Auto #1 (Value less loan) \$

Auto #2 (Value less loan) \$

Home (Value less mortgage) \$

Other \$

Other \$

Other \$

Other \$

Other \$

Total Household Assets \$

7. My Other Monthly Household Expenses

\$

\$

\$

\$

Sub-Total: \$

8. My Other Debts with Monthly Payments:

\$ /mo

\$ /mo

\$ /mo

\$ /mo

Sub-Total: \$

Total Household Expenses and Debts, lines 6, 7, and 8

Date:

Signature: