

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:	