

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): _____			
3. My Monthly Income:		6. My Monthly Household Expenses:	
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:	\$ _____
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):	\$ _____
<input type="checkbox"/> 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: _____	