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**:	