

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

<b>Financial Statement (Attachment)</b>			
1. My name is: _____			
2. [ ] I provide support to people who live with me: How many? _____ Age(s): _____			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
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:	\$ _____
<b>4. Other Sources of Income Per Month in my Household:</b>		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:	\$ _____
<b>Total Income, lines 3 (take home pay) and 4:</b>	\$ _____	<b>Sub-Total:</b>	\$ _____
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
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):	\$ _____	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$ _____	\$ _____	/mo
Other:	\$ _____	\$ _____	/mo
Other:	\$ _____	\$ _____	/mo
Other:	\$ _____	\$ _____	/mo
Other:	\$ _____	Sub-Total:	\$ _____
<b>Total Household Assets:</b>	\$ _____	<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	\$ _____
<b>Date:</b>		<b>Signature:</b>	