

FINANCIAL INFORMATION STATEMENT

PRESENT EXPENSES:

CURRENT

HOUSING:

HOUSE/RENT PAYMENT	_____
UTILITIES (GAS, WATER, ELECTRICITY, ETC.)	_____
HOMEOWNER'S DUES	_____
MAINTENANCE/REPAIRS	_____

TRANSPORTATION:

CAR PAYMENTS	_____
INSURANCE	_____
GASOLINE, OIL, MAINTENANCE, ETC.	_____
PARKING, REGISTRATION, OTHER	_____

GROCERIES:

PERSONAL:

WORK EXPENSES:

LUNCHES	_____
UNION, DUES, FEES	_____
UNIFORMS	_____

MEDICAL (NOT COVERED BY INSURANCE)FOR YOURSELF

DOCTORS/DENTISTS	_____
DRUGS	_____

CLOTHING

SHOES

CLEANING/LAUNDRY

GROOMING (HAIRDRESSER/NAILS)

ENTERTAINMENT

OTHER

CHILDREN:

CHILD CARE

SCHOOL:

TUITION

LUNCHES

SUPPLIES

ALLOWANCE

MEDICAL (NOT COVERED BY INSURANCE)

DOCTORS/DENTISTS

DRUGS

OTHER

CLOTHING

SHOES

CLEANING/DRY CLEANING

GROOMING (HAIRDRESSER)

ENTERTAINMENT

OTHER

MISCELLANEOUS:

OTHER DEBTS

CREDIT CARDS

CABLE T.V.

INTERNET

NEWSPAPER

CELLULAR PHONE

TOTAL MONTHLY EXPENSES:

MONTHLY INCOME:

PAY PERIOD:

- MONTHLY
- WEEKLY
- TWICE MONTHLY

GROSS INCOME (ATTACH LAST 3 PAY STUBS)

DEDUCTIONS:

- WITHHOLDING TAX
- F.I.C.A.
- RETIREMENT
- HEALTH, HOSPITALIZATION, LIFE INSURANCE
- OTHER

NET INCOME:

OTHER INCOME:

TOTAL MONTHLY INCOME:

I CERTIFY THAT THE INFORMATION INCLUDED HEREIN IS TRUE AND CORRECT.

DATE: _____, 2015.

Client