

INDIVIDUAL FINANCIAL STATEMENT

PLEASE TYPE OR PRINT



ACCOUNT NUMBER

Respond By: _____

Please attach copies of your income tax returns for the last two years. Documentation is required to support your income and expenses.

NAME (first and initial)			LAST		SOCIAL SECURITY NUMBER (SSN)		DATE OF BIRTH (DOB) / /	
PRESENT HOME ADDRESS (number and street or rural route)			NAME OF SPOUSE/DOMESTIC PARTNER		SPOUSE/DOMESTIC PARTNER SSN		SPOUSE/DOMESTIC PARTNER DOB / /	
CITY, TOWN, OR POST OFFICE BOX		STATE	ZIP	HOME TELEPHONE ()	CELL PHONE ()	CHILDREN LIVING WITH YOU		OTHER DEPENDENTS
PRESENT EMPLOYER			EMPLOYER'S TELEPHONE ()		DRIVER LICENSE NUMBER (DL)		STATE	EXP. DATE
EMPLOYER'S ADDRESS			LENGTH EMPLOYED	MONTHLY GROSS INCOME	SPOUSE/DOMESTIC PARTNER DL		STATE	EXP. DATE
OCCUPATION			PERSONAL EMAIL ADDRESS		BANKS, CREDIT UNIONS, AND OTHER FINANCIAL INSTITUTIONS			
SPOUSE/DOMESTIC PARTNER PRESENT EMPLOYER			EMPLOYER'S TELEPHONE ()		Name Address Type of Accounts			
EMPLOYER'S ADDRESS			LENGTH EMPLOYED	MONTHLY GROSS INCOME				
OCCUPATION			BUSINESS EMAIL ADDRESS					

MONTHLY INCOME		MONTHLY EXPENSES		
Monthly take home pay Dates paid:	\$	1	HOUSE / RENT PAYMENT	
Spouse/domestic partner monthly take home pay Dates paid:	\$		<input type="checkbox"/> Mortgage payment or <input type="checkbox"/> Landlord telephone: () \$	
Dividends received from:	\$	2	Food \$	
Interest received from:	\$	3	Housekeeping supplies \$	
Pensions	\$	4	Apparel and services \$	
Social Security	\$	5	Personal care products and services \$	
Alimony/child support received	\$	6	Transportation (work related only – do not include car payment) \$	
Other (please explain)	\$	7	COURT ORDERED	
TOTAL MONTHLY INCOME	\$		<input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Other (attachment) Payable to: Telephone: () \$ Address:	
	\$	8	Utilities (electric/gas, water, trash, telephone) \$	
	\$	9	Childcare/dependent care, paid to: \$	
	\$	10	Health care expenses (not paid by insurance) \$	
	\$	11	INSURANCE EXPENSE*	
	\$		Car \$ Life \$ Home \$ Health \$ \$	
	\$	12	Miscellaneous (please explain) \$	
	\$	13	Total expenses (add lines 1 through 12) \$	
	\$	14	Total of installments (from page 2, line 10) \$	
	\$	15	Total monthly expenditures (add lines 13 and 14) \$	

* Not paid through payroll deductions

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SCHEDULE OF INSTALLMENT AND ANY OTHER PAYMENTS CREDITOR(S) NAME AND ADDRESS	PAYROLL DEDUCT		TYPE OF DEBT: AUTO, PERSONAL LOAN, ETC.	ORIGINAL AMOUNT OF DEBT	DATE DEBT INCURRED	BALANCE DUE	DATE FINAL PAYMENT WILL BE DUE	AMOUNT OF MONTHLY PAYMENT
	YES	NO						
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8. Other – Please use separate sheet								
9. Other tax liabilities. Please list agencies, year(s) and amounts								
10. SUBTOTAL (Add lines 1 through 9. Enter here and on page 1, line 14)								\$
VEHICLE INFORMATION (auto, trailers, vessels, aircraft, etc.)					Do you have a current license/permit with the BOE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.					If yes, please list account number(s): _____			
2.					Your proposed terms to satisfy this indebtedness: _____			
REAL PROPERTY ADDRESS								
1.								
2.								
OTHER PARTNERSHIP(S) / CORPORATION(S)								
NAME			ADDRESS			TELEPHONE		
1.								
2.								
3.								

The information stated is true and correct to the best of my knowledge. Signed _____ Date _____