

**FINANCIAL INFORMATION STATEMENT OF**

---

**Information Current as of \_\_\_\_\_, 20\_\_**

**1 HOUSING:**

- a. House Payment or Rent \$ \_\_\_\_\_
- b. Insurance (Homeowner or Tenant) \$ \_\_\_\_\_
- c. Electric Utility \$ \_\_\_\_\_
- d. Natural Gas Utility \$ \_\_\_\_\_
- e. Water Utility \$ \_\_\_\_\_
- f. Telephone \$ \_\_\_\_\_
- g. Maintenance and Repair \$ \_\_\_\_\_
- h. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**2 VEHICLE AND TRANSPORTATION:**

- a. Vehicle Loan or Lease Payment \$ \_\_\_\_\_
- b. Vehicle Insurance \$ \_\_\_\_\_
- c. Gasoline \$ \_\_\_\_\_
- d. Maintenance and Repair \$ \_\_\_\_\_
- e. Other Transportation \$ \_\_\_\_\_
- f. Tolls and Parking \$ \_\_\_\_\_
- g. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**3 PERSONAL INSURANCE:**

- a. Medical, Dental, & Health Insurance (not including child) \$ \_\_\_\_\_
- b. Life Insurance \$ \_\_\_\_\_
- c. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**4 PERSONAL EXPENSES (Not Including Children):**

- a. Groceries \$ \_\_\_\_\_
- b. Restaurant and Meals Outside Home \$ \_\_\_\_\_
- c. School Supplies, Fees & Other Costs \$ \_\_\_\_\_
- d. Medical Expenses (Not covered by insurance)  
    Doctors, Dentists, Hospital \$ \_\_\_\_\_

- Prescriptions \$ \_\_\_\_\_
- e. Clothing \$ \_\_\_\_\_
- f. Grooming (Barber, Stylist, Etc.) \$ \_\_\_\_\_
- g. Cleaning and Laundry \$ \_\_\_\_\_
- h. Work Expenses (Uniforms, Supplies, Etc.) \$ \_\_\_\_\_
- i. Dues (Union, Professional, Etc.) \$ \_\_\_\_\_
- j. Entertainment \$ \_\_\_\_\_
- k. Clubs (Health & Fitness, Etc.) \$ \_\_\_\_\_
- l. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**5 CHILDREN EXPENSES:**

- a. Child Care Expenses \$ \_\_\_\_\_
- b. School Tuition, Fees \$ \_\_\_\_\_
- c. Breakfasts and Lunches \$ \_\_\_\_\_
- d. Books and Supplies \$ \_\_\_\_\_
- e. Medical Expenses (Not covered by insurance)
  - Doctors, Dentists, Hospital \$ \_\_\_\_\_
  - Prescriptions \$ \_\_\_\_\_
- f. Clothing \$ \_\_\_\_\_
- g. Grooming (Barber, Stylist, Etc.) \$ \_\_\_\_\_
- h. Cleaning and Laundry \$ \_\_\_\_\_
- i. Entertainment \$ \_\_\_\_\_
- j. Sports, Lessons, Extracurricular Activities \$ \_\_\_\_\_
- k. Other: \_\_\_\_\_ \$ \_\_\_\_\_

**6 CREDIT CARDS/LOANS/DEBTS:**

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_
- e. \_\_\_\_\_ \$ \_\_\_\_\_

**7 OTHER EXPENSES:**

- a. Child Support \$ \_\_\_\_\_

	b. Spousal Support/Alimony	\$ _____
	c. Other: _____	\$ _____
<b>8</b>	<b><u>ATTORNEY'S FEES:</u></b>	<b>\$ _____</b>
<b>9</b>	<b><u>TOTAL MONTHLY EXPENSES:</u></b>	<b>\$ _____</b>
<b>10</b>	<b><u>INCOME: (attach current pay stubs)</u></b>	
	( ) paid monthly ( ) paid weekly	
	( ) paid semimonthly ( ) paid every two weeks	
<b>11</b>	<b><u>GROSS MONTHLY INCOME:</u></b>	<b>\$ _____</b>
	<b><u>DEDUCTIONS:</u></b>	
	Withholding Tax	\$ _____
	Social Security	\$ _____
	Medicare	\$ _____
	Medical Insurance:	
	Children	\$ _____
	Other Family	\$ _____
	Life Insurance	\$ _____
	Other: _____	\$ _____
<b>12</b>	<b><u>OTHER INCOME:</u></b>	<b>\$ _____</b>
<b>13</b>	<b><u>NET INCOME:</u></b>	<b>\$ _____</b>

I hereby certify that the answers to the above questions as listed are true and correct.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_