

FINANCIAL STATEMENT

I request that you (and your spouse or significant other, if applicable) complete this Financial Statement together to give me a picture of your (combined) monthly income, living expenses, and debts. Please explain how you will support, or plan to support your family.

I request that you list your income and furnish proof of your income (e.g., payroll statements, check stubs, 90-days of Bank Statements (checking and savings account), W-2 wage/earning statements, 1099's, and your most recent U.S. Individual Income Tax Return that includes all Schedules, W-2 Forms, 1099's etc.,) *along with this Financial Statement.* Please list your debts as accurately as possible. I do not need for you to furnish your bills, or debts with this statement, but be prepared to furnish them, if requested. I may ask you to submit verification of your debts and living expenses after reviewing your Financial Statement. If a monthly expense is automatically deducted from your gross wages*, do not enter it as an expense below (such as medical, dental or vision insurance). If you are providing health, dental, and /or vision insurance for the child or children who is or are the subject of this evaluation, please furnish a copy of the insurance card with the child(ren)'s name on the insurance card. Which parent is providing insurance coverage? Do you split the cost of insurance? Explain: _____.

List Assets owned free and clear

Monthly (Net) Take-Home Income

Salary / Wages.	\$ _____
Salary / Wages (spouse)	\$ _____
Social Security.	\$ _____
Military Pay.	\$ _____
Alimony / Child Support.	\$ _____
Real Estate (Rental Income).	\$ _____
Unemployment / Food Stamps.	\$ _____
Royalties / Other Income.	\$ _____
Total Income.	\$ _____

Monthly Secured Debts

Rent (Apartment, etc).	\$ _____
1 st Mortgage/Taxes/Insur.	\$ _____
2 nd Mortgage/Taxes/Insur.	\$ _____
Trailer Park Space Rent.	\$ _____
Auto Loans / Leases.	\$ _____
Recreation Toys (Watercraft)	_____
Past-Due Taxes.	\$ _____
Other Secured Loans	\$ _____
Student Loans	\$ _____
Other Unsecured Debts	\$ _____
Total Secured Debt.	\$ _____

Monthly Living Expenses.

Food (Home, Work, School).	\$ _____
Household Items.	\$ _____
Clothing.	\$ _____
Laundry / Dry Cleaning.	\$ _____
Telephone (Home, Cell).	\$ _____
Internet Service	\$ _____
Cable TV / Satellite.	\$ _____
Electric.	\$ _____
Gas / Propane.	\$ _____
Water.	\$ _____
Trash Service.	\$ _____
Auto Gas / Maintenance.	\$ _____
Auto Insurance.	\$ _____
Medical/Dental/Vision Insur.	\$ _____*

Monthly Unsecured Debts

Credit Card.	\$ _____
Credit Card	\$ _____
Credit Card.	\$ _____
Credit Card.	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills.	\$ _____
Other Unsecured Loans.	\$ _____
Total Unsecured Debt.	\$ _____

Life & Disability Insurance. \$ _____ *

Homeowner / Renters Insur. \$ _____
Education (Tuition/ supplies). \$ _____
Personal Care (Hair, Nails, etc). \$ _____
Medical Care (Prescriptions, copay \$ _____
Child Care (Day Care, Nanny). \$ _____
Children's Activities (Sports). \$ _____
Alimony/Child Support. \$ _____
Newspaper \$ _____
Pool/Alarm Service. \$ _____
Entertainment. \$ _____
Homeowner Dues. \$ _____
Health Club Membership. \$ _____
Church/Donations. \$ _____
Other Expenses (Misc). \$ _____

Total Expenses. \$ _____

Summary of Budget

Total Take-Home Income \$ _____
(minus)

Total Living Expenses. \$ _____
Total Secured Debt Payments. \$ _____
Total Unsecured Debt Payments. \$ _____
(equals)

Your Disposable Income or Deficit. \$ _____

Your Signature and Date Completed _____