

FINANCIAL CONDITION

This evaluator requests that you complete this financial statement to give this evaluator a picture of your monthly income, living expenses, and debts. Please explain how you will support, or plan to support your family.

This evaluator requests that you list your income and furnish proof of your income (e.g., payroll statements, check stubs, 60-days of Bank Statements, W-2 wage/earning statements, 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. This evaluator 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). Once you complete the financial statement, please mail it to: Robin Case, P.O. Box 699, Aubrey, Texas 76227, or you may schedule an appointment and bring it to my office: 4325 Windsor Centre Trail, Suite 500, Flower Mound, Texas 75028. Thank you for your assistance in completing this financial statement.

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.	\$ _____*
Life & Disability Insurance.	\$ _____*.

Monthly Unsecured Debts

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

Total Unsecured Debt. \$ _____

Homeowner / Renters Insur.	\$ _____
Education (Tuition/ supplies).	\$ _____
Personal Care (Hair, Nails, etc).	\$ _____
Medical Care (Prescriptions, co pay	_____
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 _____