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<b>STATEMENT OF MONTHLY HOUSEHOLD INCOME</b> (if there are insufficient columns for all household members, attach additional schedules)			
Salary and wages (if weekly or biweekly, compute as a monthly figure.)			
Other income (Pensions, retirement, social security, disability, worker's compensation, public assistance)			
Child Support and /or maintenance from prior spouse			
Dividends, interest, rents, bonuses			
Per Capita Payments or Distributions			
Other:			
<b>Total Monthly Income</b>			
Itemized <b>mandatory monthly</b> deductions (Do not include savings or credit union deductions not required by law)			
Federal and state income taxes, social security, Medicare			
Union or other dues			
Retirement and pension funds			
Other mandatory monthly deductions			
<b>Total Mandatory Monthly Deductions</b>			
<b>Net Monthly Income</b>			
<b>STATEMENT OF ASSETS</b>			
<b>Asset</b>	<b>Description</b>	<b>Fair Market / Cash Value</b>	
Real Estate (List kind of property and location)			
Other real estate (List kind of property and location)			
Vehicle (Give year and make)			
Other Vehicles (Give year and make)			
Checking account (Give name of financial institution)			
Savings account (Give name of financial institution)			
IRA/Pension/Profit Sharing			
Life Insurance with cash value			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$200			
		<b>Total Value of Assets</b>	
<b>LONG TERM DEBTS AND MONTHLY EXPENSES</b>			
<b>Long Term/Installment Debts</b>	<b>Creditor Name</b>	<b>Balance Owed</b>	<b>Monthly Payment</b>
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
<b>Total Owed</b>			

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<b>Other Monthly Debts/Expenses</b>		
Rent (Do not duplicate mortgage payment above.)		
Repairs/maintenance on home		
Food		
Electricity/water/heat		
Telephone		
Laundry and dry cleaning		
Child support (paid for children not in your home)		
Maintenance (paid to an ex-spouse)		
Clothing and shoes		
Health insurance premiums		
Medical/dental/drug expenses not covered by insurance		
Life insurance premiums		
Other insurance premiums (specify):		
Child care		
Cable TV		
Transportation costs (oil/gas/commuting)		
School		
Entertainment/incidentals/newspapers/books/periodicals		
Hobbies		
Other:		
Other:		
Other:		
<b>Total Monthly Payments</b>		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

at \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
State

My commission expires: \_\_\_\_\_