

INDIVIDUAL FINANCIAL STATEMENT

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 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	
		Name	Address Type of Accounts
SPOUSE/DOMESTIC PARTNER PRESENT EMPLOYER	EMPLOYER'S TELEPHONE		
EMPLOYER'S ADDRESS	LENGTH EMPLOYED MONTHLY GROSS INCOME		
OCCUPATION	BUSINESS EMAIL ADDRESS		

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

*Not paid through payroll deductions

INDIVIDUAL FINANCIAL STATEMENT

OTHER RECURRING MONTHLY PAYMENTS CREDITOR(S) NAME AND ADDRESS	PAYROLL DEDUCT		TYPE: AUTO, PERSONAL LOAN, ETC.	ORIGINAL AMOUNT DUE	INCURRED DATE	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 taxes owed. Please list agencies, year(s) and amounts								
10. SUBTOTAL (Add lines 1 thru 9. Enter here and on page 1, line 14)								\$
VEHICLE INFORMATION (Please include the make, model, year and plate number for autos, trailers, vessels, aircraft, etc.).				Do you have a current license/permit with CDTFA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the account number(s): _____				
1.								
2.				Have you filed bankruptcy in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list court and case number. _____				
REAL PROPERTY ADDRESS								
1.				Your proposed terms to satisfy this amount due: _____				
2.				Your proposed terms to satisfy this amount due: _____				
OTHER PARTNERSHIP(S) / CORPORATION(S)								
NAME			ADDRESS			TELEPHONE		
1.								
2.								
3.								

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed _____ Date _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed _____ Date _____