

INDIVIDUAL FINANCIAL STATEMENT

PLEASE TYPE OR PRINT

| |
|----------------|
| 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 BOX 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 Dates paid: | \$ | 1 | MORTGAGE / RENT PAYMENT <input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent payment - Landlord telephone: () \$ |
| Spouse/domestic partner monthly take-home pay Dates paid: | \$ | | Name: Address: |
| Dividends received from: | \$ | 2 | Food \$ |
| Interest received from: | \$ | 3 | Housekeeping supplies \$ |
| Pensions | \$ | 4 | Apparel and services \$ |
| Social Security | \$ | 5 | Personal care products and services \$ |
| Alimony/child support received: | \$ | 6 | Transportation (work related only – do not include car payment) \$ |
| Other (please explain) | \$ | 7 | COURT ORDERED <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Other (attachment) Payable to: Telephone: () \$ |
| | \$ | | 8 |
| | \$ | 9 | Childcare/dependent care, paid to: \$ |
| | \$ | 10 | Health care expenses (not paid by insurance) \$ |
| | \$ | 11 | INSURANCE EXPENSE * |
| | \$ | | Car \$ Life \$ Home \$ Health \$ \$ |
| | \$ | 12 | Miscellaneous (please explain) \$ |
| | \$ | 13 | Total expenses (add lines 1 through 12) \$ |
| TOTAL MONTHLY INCOME | \$ | 14 | Total of recurring monthly payments (from page 2, line 10) \$ |
| | \$ | 15 | Total monthly expenditures (add lines 13 and 14) \$ |

* Not paid through payroll deductions

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| 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 through 9. Enter here and on page 1, line 14) | | | | | | | | \$ |

| | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| VEHICLE INFORMATION (Please include the make, model, year and plate numbers for autos, trailers, vessels, aircraft, etc.) | Do you have a current license/permit with the BOE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. | If yes, please list account number(s): _____ |
| 2. | _____ |
| REAL PROPERTY ADDRESS | Have you filed bankruptcy in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. | If yes, please list court and case number. _____ |
| 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 _____