

FINANCIAL INFORMATION STATEMENT

CLIENT:

CAUSE NUMBER:

MONTHLY INCOME

Gross Income:

\$

Withholding	\$
FICA (Social Security)	\$
Mandatory Retirement	\$
Voluntary Retirement (401K)	\$
Deferred Compensation	\$
Life Insurance	\$
Credit Union (savings)	\$
Credit Union (loan payment)	\$
Health Insurance	\$
Other Deductions: Union Dues	\$
Federal Med/EE	\$

Income After Deductions:

\$

Other Income (itemize below :

\$

\$

\$

TOTAL MONTHLY INCOME:

\$

MONTHLY EXPENSES

Rent or Mortgage Payment	\$
Real Property Taxes (if not included in mortgage payment)	\$
Homeowner's insurance (if not included in mortgage payment)	\$
Renter's or fire insurance	\$
Maintenance or residence (repairs, yard work, etc.)	\$
Utilities (gas, water, electric, garbage, sewer, etc.)	\$
Telephone	\$
Groceries	\$
Dining out	\$
School lunches.....	\$
Uninsured doctor expenses.....	\$
Uninsured prescription and pharmaceutical expenses.....	\$
Uninsured routine dental care	\$
Uninsured orthodontal care	\$
Health and hospitalization insurance (if not paid by employer or deducted from wages)	\$
Life insurance (if not paid by employer or deducted from wages).....	\$
Clothing purchases	\$
Laundry and dry cleaning	\$
Vehicle payment.....	\$
Gas and oil for vehicle.....	\$
Vehicle repair and maintenance	\$
Vehicle insurance.....	\$
Parking fees.....	\$
School tuition	\$
School supplies	\$
Children's extracurricular activities.....	\$
Childcare while at work.....	\$

Childcare for other times.....	\$
Entertainment	\$
Hairstyling, barber.....	\$
Contributions.....	\$
Dues	\$
Subscriptions.....	\$
Prior obligations for child support or alimony	\$
SUBTOTAL:	\$

Other Creditors (itemize below)

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT
SUBTOTAL:			\$

TOTAL MONTHLY EXPENSES \$