



Statement of Income and Expenses

If additional space is needed, please attach a separate piece of paper on which you've included your name, Social Security Number, and the specific category to which the information applies.

				Account Number	Date (MM/DD/YY)
Last Name	First Name	Middle Initial	SSN	Date of Birth (MM/DD/YY)	Phone Number ()
Spouse's Last Name	Spouse's First Name	Middle Initial	Spouse's SSN	Spouse's Date of Birth (MM/DD/YY)	Phone Number ()
Address			City	State	ZIP
Age and relationship of people living with you (dependents only):					
Employer Information					
Employer's Name				Phone Number ()	Length of Employment
Address			City	State	ZIP
Spouse's Employer's Name				Phone Number ()	Length of Employment
Address			City	State	ZIP
Cash			Total \$		
Bank Accounts (Include Savings & Loans, Credit Unions, IRAs, CDs, etc.)					
Name of Institution		Address		Account Number	Balance
					\$
					\$
Securities (Stocks, Bonds, Annuities, Mutual Funds, IRAs, Government Securities, Money Market Funds, Life Insurance Policies, etc.)					
Type		Issuer		Quantity or Denomination	Current Value
					\$
					\$
Motor Vehicles					
Year and Make		License Number		Current Value	Loan Balance
					\$
					\$
					\$
Real Estate					
Address (Including county)		Mortgage Company		Current Value	Mortgage Balance
					\$
					\$

Please complete reverse side of form



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Monthly Income

Your net pay (after taxes)	\$
Spouse's net pay	\$
Profit from Business	\$
Commissions	\$
Pensions and Social Security	\$
Alimony and Child Support Received	\$
Rents Received	\$
Other Income (specify source)	\$
Total Income	\$
Monthly Expenses (Must be reasonable for the size of your family, location, and any unique circumstances.)	
Rent or Mortgage Payment	\$
Alimony and/or Child Support Paid	\$
Day Care	\$
Groceries	\$
Utilities	
Gas and Electric	\$
Water/Sewer	\$
Telephone	\$
Transportation (Gas and Bus Fares)	\$
Medical Expenses (not paid by insurance)	\$
Insurance (Monthly)	
Automobile	\$
Health and Life (paid directly)	\$
Homeowners or Renters	\$
Auto Loans	
Name of Finance Company or Bank	
1.	\$
2.	\$
3.	\$
Additional Payments	
Name of Credit Card, Bank, Store	Account Numbers
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
Total Monthly Expenses	\$
Additional Information (expected changes in income, employment, etc.)	
<i>I/we declare under penalties of perjury that to the best of my/our knowledge and belief, these statements are true and correct, and I/we hereby authorize the Department of Revenue to obtain my/our credit bureau report if needed to process this request.</i>	
Your Signature	Spouse's Signature
Date (MM/DD/YY)	