

**PERSONAL FINANCIAL STATEMENT**

**ASSETS**

**DATE** \_\_\_\_\_

Net Earnings from Employer           \$ \_\_\_\_\_

TANF   \$ \_\_\_\_\_

Food Stamps                               \$ \_\_\_\_\_

Child Support (Receiving)           \$ \_\_\_\_\_

Social Security Disability (You)       \$ \_\_\_\_\_  
    (Minor children)                   \$ \_\_\_\_\_

Other Income                             \$ \_\_\_\_\_  
(i.e. 401K, Investments)

Balance in Checking                   \$ \_\_\_\_\_

Balance in Savings                    \$ \_\_\_\_\_

Personal Property (value)            \$ \_\_\_\_\_  
(Home, Vehicles, Rentals, etc.)

**LIABILITIES**

Rent/Mortgage (Monthly)             \$ \_\_\_\_\_  
Property Taxes/Insurance (Year)     \$ \_\_\_\_\_

Lights (Monthly)                       \$ \_\_\_\_\_

Gas    (Monthly)                       \$ \_\_\_\_\_

Water (Monthly)                        \$ \_\_\_\_\_

Phone (Monthly)                        \$ \_\_\_\_\_  
(Either home or cell)  
(Both cannot be included)

Car Payment(s) (Monthly)            \$ \_\_\_\_\_

Car Insurance (Yearly)                \$ \_\_\_\_\_

**(LIABILITIES CON'T)**

Credit Card Balances Total \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Student Loans Total \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Unpaid Medical/Dental Total \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Child Support (paying out) \$ \_\_\_\_\_

Garnishments \$ \_\_\_\_\_

**PERSONAL INFORMATION**

Number of People in Home \_\_\_\_\_

Adults \_\_\_\_\_

Names \_\_\_\_\_

Employed (Y/N)

Employed (Y/N)

Employed (Y/N)

Minor Children \_\_\_\_\_

Grandchildren \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**BALANCE REMAINING** \$ \_\_\_\_\_

I hereby certify that all of the information present in the document is true to the best of my knowledge. I accept that any misrepresentation could lead to criminal prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_