



Financial Statement

Customer Name (1)		Customer Name (2)	
Complete Address:			
Work phone (1)	Cell Phone	Home phone	
Work phone (2)	Cell Phone	Home phone	
Email address (1)		Email address (2)	
Names and ages of people living with you:			
_____		_____	
_____		_____	
Had counseling before? Where – When – Outcome Yes ____ No ____			
Does anyone receive government assistance (food stamps, SSI, disability, etc?) Yes ____ No ____			
Is there any other income other than wages? Yes ____ No ____			
How much do you receive: _____ How often? ____ weekly ____ monthly ____ bi-weekly			
Are you self employed? Bring in tax returns – profit loss statements for 6 months Yes ____ No ____			
Do you own any other properties or have any interest in any assets other than the address above? Yes ____ No ____			

Vehicles – boats – motorcycles – etc.

Description	Amount Owed	Value



Financial Statement

Liabilities - Bills

Credit Cards (number of cards and amounts due total)	
Insurance not deducted from salary	
Auto insurance	
Alimony	
Child support	
Child care	
Other loans (list separately)	
Telephone – cell phones	
Utilities – gas, electric, water, trash	
Gas / parking	
Donations	
Cleaning supplies	
Newspapers/magazines	
Entertainment	
Cable – computer - internet	
Medical bills	
Student Loans	
Food	
Eating Out	
Home Security	
Appliance Rent	

Other / misc.

Clothes – dry cleaning	
Auto maintenance	
Mortgage – rent payment	
Total	

Total Monthly Income:	Total Monthly Expenses:
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We the undersigned believe this information to be true and accurate to the best of our knowledge.

_____ Name

_____ Date