

STATEMENT OF FINANCIAL CONDITION FOR INDIVIDUALS

Please complete both sides

NAME _____	CSP# _____	DATE SENT _____
ADDRESS _____		RETURN BY _____
CITY _____	ST _____ ZIP _____	SSN _____
HOME PHONE _____	WK PHONE _____	# DEPENDENTS IN HOME _____
EMPLOYER NAME _____		EMPLOYER PHONE# _____
ADDRESS _____		JOB TITLE _____
CITY _____	ST _____ ZIP _____	DATE HIRED _____

BANK ACCOUNTS -- Include accounts in saving and loans and credit unions, certificates of deposit, IRAs, and funds held in safe deposit boxes.

INCLUDE COPIES OF YOUR LAST 3 BANK STATEMENTS WHEN YOU RETURN THIS FORM.

NAME OF INSTITUTION	BRANCH	TYPE OF ACCOUNT	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT CARDS, LOANS, LINE OF CREDIT

NAME OF CREDIT/ CARD/BANK	ADDRESS/PHONE	CREDIT LIMIT	AMT. OWED	MIN MONTHLY PAYMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REAL ESTATE

ADDRESS/COUNTY	CURRENT ASSESSED VALUE	MORTGAGE BALANCE	WHO DO YOU MAKE PAYMENTS TO?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLES -- List additional vehicles on additional sheets.

YEAR/MAKE/LICENSE #/STATE	DATE LOAN WILL BE PAID	LOAN BALANCE	WHO DO YOU MAKE PAYMENTS TO?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS YOU OWN -- Or are buying: Include stocks, bonds, boats, etc.

DESCRIPTION	CURRENT VALUE	LOAN BALANCE	WHO DO YOU MAKE PAYMENTS TO?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME AND EXPENSES

MONTHLY INCOME

BUDGETED

- | | | |
|--|-------|--|
| 1. YOUR GROSS PAY (ATTACH RECENT PAY STUBS) | 1. | |
| 2. RENT PAID TO YOU: BY WHO, ADDRESS, PHONE | 2. | |
| <hr/> | | |
| 3. INCOME FROM OTHER MEMBERS OF HOUSEHOLD | 3. | |
| 4. PENSIONS | 4. | |
| 5. SOCIAL SECURITY ____ SSA ____ SSD ____ SSI | 5. | |
| 6. PROFIT FROM YOUR BUSINESS. ATTACH STATEMENT. | 6. | |
| 7. COMMISSIONS | 7. | |
| 8. OTHER INCOME; LIST SOURCE _____ | 8. | |
| 9. TOTAL INCOME; ADD LINES 1 THROUGH 8 | 9. \$ | |

MONTHLY EXPENSES -- ACTUALLY PAID

- | | | |
|--|------------------------|--|
| 10. MORTGAGE/RENT | 10. | |
| 11. ALIMONY/CHILD SUPPORT | 11. | |
| 12. GROCERIES, TOILETRIES, ETC. | 12. | |
| 13. UTILITIES -- A. TELEPHONE | 13A. | |
| B. ELECTRICITY | 13B. | |
| C. HEATING | 13C. | |
| D. WATER/GARBAGE | 13D. | |
| 14. TRANSPORTATION | 14. | |
| 15. INSURANCE A. AUTO | 15A. | |
| (MONTHLY AVERAGE) B. HEALTH/LIFE | 15B. | |
| C. HOMEOWNER/RENTER | 15C. | |
| 16. MEDICAL -- (MEDICAL/DOCTOR COST NOT PAID BY INSURANCE) | 16. | |
| 17. AUTO LOANS | 17. | |
| 18. INSTALLMENT PAYMENTS (PER MONTH) | | |
| (NAME OF STORE, BANK, OR CREDIT CARD) -- BALANCE DUE | MONTHLY PAYMENT | |
| A. _____ | 18A. | |
| B. _____ | 18B. | |
| C. _____ | 18C. | |
| D. _____ | 18D. | |
| E. _____ | 18E. | |
| F. IRS PAYMENT _____ | 18F. | |
| G. STATE TAX PAYMENT _____ | 18G. | |
| H. OTHER _____ | 18H. | |

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|---|---------------|--|
| 19. TOTAL MONTHLY EXPENSES -- ADD LINES 10 THROUGH 18H | 19. \$ | |
| 20. DISPOSABLE MONTHLY INCOME -- SUBTRACT AMOUNT IN LINE 19 FROM LINE 9 | 20. \$ | |
| 21. PROPOSED MONTHLY PAYMENT TO Division of Child Support | 21. \$ | |
| 22. WHAT DAY OF THE MONTH CAN YOU PAY? _____ | | |
- ADDITIONAL INFORMATION -- EXPECTED CHANGES TO INCOME
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INCLUDE COPIES OF YOUR LAST YEAR'S STATE & FEDERAL TAX RETURNS ALONG WITH THIS FORM.

UNDER PENALTIES OF PERJURY, I DECLARE THAT THIS STATEMENT OF ASSETS, LIABILITIES, AND OTHER INFORMATION IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE: _____ DATE: _____