



7. My gross income from my employment is \$ \_\_\_\_\_ per pay period.

Number of exemptions claimed are: \_\_\_\_\_

My payroll deductions are:

Federal withholding: \$ \_\_\_\_\_

State income tax: \_\_\_\_\_

Social security: \_\_\_\_\_

Union dues: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Bonds: \_\_\_\_\_

Other deductions: (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Deductions: \$ \_\_\_\_\_

My net take home pay per pay period is \$ \_\_\_\_\_.

8. My monthly net income from other sources is: \$ \_\_\_\_\_

Source: \_\_\_\_\_

9. My living expenses per month are:

Rent or house payment \$ \_\_\_\_\_

Lights and heat \_\_\_\_\_

Water and sewer \_\_\_\_\_

Telephone \_\_\_\_\_

Cable TV \_\_\_\_\_

Garbage removal \_\_\_\_\_

Food and household supplies \_\_\_\_\_

Clothing \_\_\_\_\_

Newspaper \_\_\_\_\_

Car payment \_\_\_\_\_

Car insurance \_\_\_\_\_

Gas, oil and vehicle repairs \_\_\_\_\_

Medical and hospital insurance \_\_\_\_\_

Life insurance \_\_\_\_\_

Doctor, dentist & medical expenses \_\_\_\_\_

School lunches & expenses \_\_\_\_\_

Babysitting/daycare \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

10. My debts are: (Attach additional sheet, if necessary)

Creditor & Item	Total Owed	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. My assets are: (Attach additional sheet, if necessary)

- A. Real Estate:
  - Location: \_\_\_\_\_
  - Market Value: \_\_\_\_\_
  - Amount owed on property: \_\_\_\_\_
  - Name of Co-owner: \_\_\_\_\_
  
- B. Household goods and furniture:
  - Market Value: \_\_\_\_\_
  - Amount Owed: \_\_\_\_\_
  - Name of Co-owner: \_\_\_\_\_
  
- C. Motor Vehicles:
  - Make and Year: \_\_\_\_\_
  - Market Value: \_\_\_\_\_
  - Amount Owed: \_\_\_\_\_
  - Name of Co-owner: \_\_\_\_\_
  
- D. Cash on hand: \_\_\_\_\_
  
- E. Bank Accounts:
  - Savings:
    - Location: \_\_\_\_\_
    - Amount: \_\_\_\_\_
    - Name of Co-owner: \_\_\_\_\_
  - Checking:
    - Location: \_\_\_\_\_
    - Amount: \_\_\_\_\_
    - Name of Co-owner: \_\_\_\_\_

F. Stocks and Bonds:  
Name of Stock: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_  
Market Value: \_\_\_\_\_

G. Life Insurance:  
Name of Policy: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_

H. Pensions:  
Name of Company: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_  
Vested or Contingent: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_  
Present value: \_\_\_\_\_

I. Other Assets:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public