

## Resource Family's Financial Statement

*Income is your take home pay and any other sources of financial support. If you list other income, please note the source of the funds.*

**Monthly Income**

Applicant A Net Income (*take home pay*) ..... \$ \_\_\_\_\_

Applicant B Net Income (*take home pay*)..... \$ \_\_\_\_\_

Other Income (*i.e., monthly subsidy, disability, etc.*) ..... \$ \_\_\_\_\_

**TOTAL** (*add the above lines*) ..... \$ \_\_\_\_\_

**Monthly Expenses** *If you have quarterly or yearly expenses, please note the monthly average (i.e., if your water bill is \$300 quarter=\$100 month). If you have no expense in a category, please mark the box as N/A or \$0.*

Rent/mortgage	Trash	Subscriptions
Taxes not included in mortgage	Renters'/homeowners' insurance (not included in mortgage)	Healthcare (not included on paystub)
Electric	Auto insurance	Life insurance
Oil	Food	Transportation (gas, tolls, parking)
Gas/Propane	Eating out	Credit cards (Monthly payment)
Phone	Auto loan(s)	Alimony/ Child support
Cable	Other loan(s) (student, personal, etc.)	Recreation/ Entertainment
Cell phones	Tuition	Pet food/care
Internet	Clothing	Personal needs (haircuts, etc.)
Water/Sewer	Childcare	Other

**Total Monthly Income** (*copy from total above*).....\$ \_\_\_\_\_

**Total Monthly Expense** (*total the boxes above*).....\$ \_\_\_\_\_

**Remaining funds** (*total income minus total expenses*) .....\$ \_\_\_\_\_

Total Balance of Credit Card(s)..... \$ \_\_\_\_\_

**Assets**

Total Saving Account(s) Balance.....\$ \_\_\_\_\_

Total Investment(s) Amount.....\$ \_\_\_\_\_

**Insurances:**

	<i>Name of Company</i>	<i>Person Insured</i>	<i>Amount</i>
Life			
Automobile			
Renter/Homeowner			
Other (example: Disability, etc.)			

Do you currently have any liens against your property? (Defined as a legal claim against your mortgaged property, this does not include home equity loans) Must provide documentation and explanation: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who handles the family's finances? \_\_\_\_\_

How often is money a source of stress for you? \_\_\_\_\_

How often are you able to meet your financial obligations? \_\_\_\_\_

Have you filed for or declared bankruptcy in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If so, provide discharge of bankruptcy.***

We/I have provided a Social Security Statement for Income Verification Yes \_\_\_\_\_ No \_\_\_\_\_  
***Act 160 Legislation requires 10 years income verification.***

***We/I hereby certify that the information above is a true and correct statement of our/my income, expenses, and assets.***

**Applicant A Signature:** \_\_\_\_\_

**Applicant B Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_