

Resource Family's Financial Statement

Monthly Income

Applicant A Net Income	\$
Applicant B Net Income	\$
Other Income	\$

Total Monthly Income......

Monthly Expenses

Rent/mortgage	Trash	Subscriptions
Taxes not included	Renters'/homeowners'	Healthcare
in mortgage	insurance (not included in mortgage)	(not included on paystub)
Electric	Auto insurance	Life insurance
Oil	Food	Transportation (gas, tolls, parking)
Gas/Propane	Eating out	Credit cards
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 Balance of Credit Card(s)......

Total Monthly Expense......

Assets

Total Saving Aco	count(s) Balance			\$	
Total Investment	(s) Amount			.\$	
Insurances:	Name of Company	Person I	Insured	Amount	
Life					
Automobile					
Homeowners					
Others (disability	y, etc)				
mortgaged prope explanation:	have any liens against your rty, this does not include hor	ne equity loa	ns) Must pro Yes	ovide documentation a No	nd
Have you declard Must provide di	ed bankruptcy in the past 10 g ischarge of bankruptcy	years?	Yes	No	
	a Social Security Statement f is statement to provide inc ation				nt
We/I hereby cert income, expense	ify that the information abo s, and assets.	ve is a true a	and correct s	tatement of our/my	
Applicant A Sig	nature:				
Applicant B Sig	nature:				
Date:					