

Financial Resources

Name:

Date:

Assets	Amount
Home: Rent [] Own [] If owned, home value	\$
Life Insurance (cash surrender value)	
Automobile Year & Model _____	
Furniture (approx. resale)	
Bank Accounts	
Savings	
Checking	
Investments (stock, etc.)	
Total	

Liabilities	Amount
Balance owed on home/or property	
Balance due on auto	
Taxes (property)	
Balance due on loans/credit cards Lender or Card Name	
Unpaid current bills	
Insurance	
Property/Home	
Automobile	
Other debts:	
Total	

Monthly Income	Amount
State Disability	
Social Security Payments	
Medicare Reimbursement	
Veteran's Pension	
Company Pension	
Dividends	
Interest	
Income from Property	
Other	
Spouse's Social Security	
Spouse's Pension	
Total:	

Monthly Expenses	Amount
Mortgage Payment/Rent	
Food (# of Persons __)	
Clothing	
Installment Payments on Loans/ Credit Cards	
Laundry & Cleaning	
Transportation	
Utilities	
Medical	
Medicare Premium	
Insurance	
Taxes	
Miscellaneous	
Other Debts	
Total:	

Please attach copies of bills for which you are requesting payments and your most recent income tax return.