

FINANCIAL INFORMATION STATEMENT

Monthly Living Expenses:

Mortgage/rent	_____
Homeowner's Insurance	_____
Electricity	_____
Gas	_____
Water	_____
Cable/Direct TV	_____
Telephone (including long distance)	_____
Cellular Telephone	_____
Computer Expenses (internet)	_____
Lawn Maintenance	_____
General Maintenance	_____
Home Security	_____
Housekeeper	_____
Groceries, cleaning/household supplies, lunch, eating out	_____
Animals (food/vet costs)	_____
Automobile Payment	_____
Automobile expenses (gas/oil/repairs)	_____
Automobile Insurance premiums	_____
Toll Road Expense	_____
Health Insurance premiums	_____
Uninsured medical expenses	_____
Dental expenses	_____
Clothing	_____

Dry cleaning	_____
Haircuts	_____
Nutritional/exercise	_____
Church support	_____
Gifts (holidays, birthdays, etc.)	_____
Entertainment	_____
Misc.	_____
Subtotal:	=====

Expenses Associated with Children:

Private School/Day Care	_____
Extra-curricular activities	_____
School Supplies	_____
School Lunches	_____
Clothing	_____
Misc.	_____
Subtotal	=====

Other Monthly Obligations: (if not included in figures above)

Credit Cards	_____
Attorney's Fees	_____
Subtotal:	=====
TOTAL MONTHLY EXPENSES:	=====

Your Monthly Income: (if available, **attach last three pay stubs**)

Are you working? _____ Kind of work? _____

Name of employer? _____

I am paid (weekly, every 2 weeks,
twice a month, once a month) _____

I will get my next pay check? _____ My hourly
rate/salary is: _____

Deductions	Each Pay Period	Monthly
Withholding tax	_____	_____
FICA	_____	_____
Social Security tax	_____	_____
Medicare tax	_____	_____
Health insurance	_____	_____
Other	_____	_____
Total deductions	_____	_____

	Each Pay Period	Monthly
Gross income	_____	_____
Less deductions	_____	_____
Net income:	_____	_____

Other income: _____

Have you received any overtime pay in the last 12 months?
If so, amount of overtime pay _____

YOUR TOTAL MONTHLY NET INCOME: _____

Quick Assets:

Cash	_____	Credit Unions	_____
Savings	_____	Banks	_____
Stocks/bonds	_____	Other	_____
Undeposited checks	_____		
		Total:	_____

I can borrow _____ on my signature.

Your Spouse's/Opposing Party's Income: (if available, attach last three pay stubs)

Are he/she working? _____ Kind of work? _____

Name of employer? _____

He/She is paid (weekly, every 2 weeks, twice a month, once a month) _____

He/she will get their next pay check? _____ His/her hourly rate/salary is: _____

Deductions	Each Pay Period	Monthly
Withholding tax	_____	_____
FICA	_____	_____
Social Security tax	_____	_____
Medicare tax	_____	_____
Health insurance	_____	_____
Other	_____	_____
Total deductions	_____	_____

	Each Pay Period	Monthly
Gross income	_____	_____
Less deductions	_____	_____
Net income:	_____	_____
Other Income	_____	_____

Has he/she received any overtime pay in the last 12 months? _____

If so, amount of his/her overtime pay _____.

SPOUSE'S/OPPOSING PARTY TOTAL MONTHLY NET INCOME:

Quick Assets:

Cash	_____	Credit Unions	_____
Savings	_____	Banks	_____
Stocks/bonds	_____	Other	_____
Undeposited checks	_____		
		Total:	<u>_____</u>

He/she can borrow _____ on his/her signature.

The child(ren) is/are in the custody of _____