

FINANCIAL DISCLOSURE STATEMENT

Name: _____ D.O.B. _____

Address: _____ S.S.N. _____

Employer: _____

Address: _____

Children: _____ Birthdates: _____

1. STATEMENT OF INCOME:

Last Year's Income Tax Refunds: _____

Gross current monthly income from:
Salary and wages, overtime, etc. _____

Disability payments/Unemployment _____

Pensions, Retirement, Social Security _____

AFDC or Child Support _____

Dividends, Interest, Rents _____

All other sources _____

TOTAL MONTHLY INCOME \$ _____

Itemize monthly deductions from gross income:

Number of tax exemptions claimed for
payroll deductions _____

Federal Income Taxes _____

State Income Taxes _____

Social Security _____

Medical Insurance _____

Other Ins. (describe) _____

Union or other dues _____

Retirement or Pension _____

Savings Plan _____

Credit Union, debt repayment _____

Other (Specify) _____

TOTAL MONTHLY DEDUCTIONS \$ _____

NET MONTHLY INCOME TAKE HOME PAY

\$ _____

- a) Rent or mortgage payments _____
- b) Real property taxes & insurance _____
- c) Repairs/maintenance of residence, _____
- d) Food: household supplies _____
- e) Utilities, elec/heat/water/cable _____
- f) Telephone _____
- g) Laundry/dry cleaning _____
- h) Clothing and shoes _____
- i) Uninsured medical expenses _____
- j) Uninsured dental expenses _____
- k) Other insurance life/health/auto/disab. _____
- l) Child care (include babysitting) _____
- m) Other child support payments _____
- n) School (both child/adult education) _____
- o) Entertainment (clubs, social obligations) _____
- p) Incidentals (grooming, tobacco, alcohol, gifts, Xmas, B-day, etc.) _____
- q) Transportation, auto expense (gas, oil) _____
- r) Auto payments _____
- s) Newspapers, periodicals, books _____
- t) Memberships (Associations, clubs) _____
- u) Care/Maintenance of pets _____
- v) Payments for support of dependents not living at home _____
- w) Installment payments/debt payments _____
- x) Other expenses _____

TOTAL EXPENSES

\$ _____

DEBTS AND OBLIGATIONS: Attach schedules if necessary.

| CREDITOR'S NAME | ORIGINAL AMT. | BALANCE | MONTHLY PMT. |
|-----------------|---------------|---------|--------------|
|-----------------|---------------|---------|--------------|

(a) REAL ESTATE:

| TYPE | MO. & YR PURCHASED | PRESENT VALUE | MORTGAGE OR LIEN | NET VALUE |
|------|--------------------|---------------|------------------|-----------|
|------|--------------------|---------------|------------------|-----------|

(b) AUTOMOBILES:

| YEAR | MAKE | CURRENT VALUE | AMOUNT LIEN | NET VALUE |
|------|------|---------------|-------------|-----------|
|------|------|---------------|-------------|-----------|

(c) CASH AND DEPOSIT ACCOUNTS:

NAME OF INST. ACCT/CERT # TYPE OF ACCT. HOLDER BALANCE DATE

(d) STOCKS AND BONDS:

NO. OF SHARES NAME OF COMPANY/ISSUER VALUE DATE

(e) LIFE INSURANCE:

NAME OF COMPANY PREMIUM BENEFICIARY FACE AMT. SURRENDER VALUE

(f) PROFIT SHARING/PENSION/RETIREMENT ACCOUNTS:

Name: _____

Value of interest/amount presently vested _____

(g) OTHER PERSONAL PROPERTY AND ASSETS: (specify)

(h) BUSINESS INTEREST: (Indicate name, share, type and value less indebtedness)

I declare, under penalty of perjury that the foregoing, including any attachments, is true and correct and that this declaration was executed on the _____ day of _____, 19__.

PARTY'S SIGNATURE