

# FINANCIAL INFORMATION

NAME(S): \_\_\_\_\_

## MONTHLY INCOME

HUSBAND'S SALARY \$ \_\_\_\_\_  
WIFE'S SALARY \$ \_\_\_\_\_  
OTHER INCOME \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

## ASSETS

FURNITURE \$ \_\_\_\_\_  
REAL ESTATE \$ \_\_\_\_\_  
AUTOMOBILE \$ \_\_\_\_\_  
STOCKS/BONDS \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

## MONTHLY EXPENSES

RENT \$ \_\_\_\_\_  
FOOD \$ \_\_\_\_\_  
MEDICAL/DENTAL \$ \_\_\_\_\_  
CLOTHING \$ \_\_\_\_\_  
GAS/CAR REPAIRS \$ \_\_\_\_\_  
RECREATION \$ \_\_\_\_\_  
CHILD CARE EXPENSE \$ \_\_\_\_\_  
UTILITIES \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

## LIABILITIES

	<u>MONTHLY PAYMENT</u>	<u>BALANCE</u>
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
CREDIT UNION	\$ _____	\$ _____
CHARGE ACCOUNT(S)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

## INSURANCE

MEDICAL YES \_\_\_\_\_ MONTHLY PREMIUM \$ \_\_\_\_\_  
COVERAGE: NO \_\_\_\_\_

FAMILY MEMBERS HUSBAND \_\_\_\_\_  
COVERED: WIFE \_\_\_\_\_  
CHILD(REN) \_\_\_\_\_

LIFE INSURANCE YES \_\_\_\_\_ MONTHLY PREMIUM \$ \_\_\_\_\_  
COVERAGE: NO \_\_\_\_\_

AMOUNT OF HUSBAND \$ \_\_\_\_\_  
COVERED: WIFE \$ \_\_\_\_\_  
CHILD(REN) \$ \_\_\_\_\_

**BETWEEN NOW AND THE TIME OF THE INVESTIGATOR'S VISIT, PLEASE MAKE A LIST OF PERSONS YOU BELIEVE ARE SUFFICIENTLY ACQUAINTED WITH YOUR FAMILY SITUATION TO GIVE US MEANINGFUL INFORMATION. PLEASE LIST NAMES, ADDRESSES, HOME AND WORK TELEPHONE NUMBERS.**

EVALUATOR: \_\_\_\_\_

CAUSE NO.: \_\_\_\_\_