



CERTIFICATE OF FINANCIAL STATUS

Applicant's Name: _____

	This year	Last year
Annual Income:		
Self/Husband	_____	_____
Self/Wife	_____	_____
Other Annual Income:		
Self/Husband	_____	_____
Self/Wife	_____	_____
Life Insurance:		
Self/Husband	_____	_____
Self/Wife	_____	_____

Assets:		Value
Personal Property (Vehicles and others)	_____	_____
_____	_____	_____
Real Estate (Residency and others)	_____	_____
_____	_____	_____
Stocks and Bonds:	_____	_____
Savings Accounts:	_____	_____
Checking Accounts:	_____	_____
Other Investments:	_____	_____
Total Assets (not including annual income and insurance):	_____	_____

Liabilities:	Monthly Payment	Total Owed
Credit Cards	_____	_____
Home Mortgage	_____	_____
Other Liabilities	_____	_____
Total Liabilities	_____	_____

Net Worth: _____

I/We attest that the above-mentioned financial statement is an accurate summary of my/our assets, liabilities and others.

Signature & Date

Signature & Date

FINANCIAL STATEMENT FOR RESOURCE PARENTING

List All Outstanding Debts: (show total owed and monthly payments) Attach additional page if needed.

(Name of Creditor)	(Total Owed)	(Monthly Payment)
Credit Card(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Automobile(s):		
_____	_____	_____
_____	_____	_____
Bank Loan(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Furniture/Appliance(s):		
_____	_____	_____
Student Loan(s):		
_____	_____	_____
Other (list):		
_____	_____	_____
_____	_____	_____

Monthly Expenses: (List all monthly expenses by name and amount) Attach additional page if needed.

(Monthly Expense)	(Amount of Expense)
Rent/Mortgage:	_____
Electricity:	_____
Gas:	_____
Water:	_____
Sewage:	_____
Telephone:	_____
Insurance:	
Automobile:	_____
Home:	_____
Health:	_____
Dental:	_____
Life:	_____
Medical and Prescription Expenses:	_____
Cable Television:	_____
Internet Service:	_____
Cell Phone:	_____
Groceries:	_____
Clothing:	_____
Tithes/Charitable Contributions:	_____
Child Support:	_____
Day Care:	_____
Other (list):	_____

Total Monthly Income (after withholding): _____
 (-) Total Monthly Payments and Expenses: _____
 (=) Available Monthly Surplus: _____