

Christian Family Services, Inc.
FINANCIAL STATEMENT

Names _____ Date _____

<u>Income</u>	<u>Husband</u>	<u>Wife</u>
Employer	_____	

Total Annual Gross Income: \$ _____ \$ _____
 Total Monthly Gross Income: \$ _____ \$ _____

Monthly Deductions:

Federal Income Tax	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____
FICA (Social Security)	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
Other:	\$ _____	\$ _____

Total Monthly Net Income: \$ _____ \$ _____

Other Sources of Family Income:

Rental property, Investments _____

Other income; describe and give amounts _____

Total Monthly Family Net Income from all sources: \$

Family Assets:

Cash on hand and in checking accounts:	\$ _____
Savings accounts:	\$ _____
Value of Real Estate Owned (house/ppty)	\$ _____
Stocks/Bonds	\$ _____
Other	\$ _____
Value of Cars/Boats/Trucks/Machinery	\$ _____
Year/Make/Models	_____

Insurance

Name of Policy Holder	Type of Policy	Beneficiary	Face Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your health insurance include major medical? Yes No

Do you have salary continuation and/or disability? Yes No

If yes, amount of monthly benefits \$ _____

Monthly Expenses:

Rent	\$ _____	Rental Property	\$ _____
Car Expenses (gas/oil/repairs)	\$ _____	Recreation	\$ _____
Medical (dr/dentist/medicine)	\$ _____	Clothing	\$ _____
Utilities/Water/Sewer/Trash	\$ _____	Food	\$ _____
Insurance Premiums	\$ _____	Child Care	\$ _____
Into savings	\$ _____	Cable/Internet	\$ _____
Telephone/Cell phones	\$ _____	Donations	\$ _____
Other	\$ _____	Other	\$ _____
		TOTAL \$	_____

Indebtedness

	<i>Monthly Payment</i>	<i>Balance Owed</i>
Mortgage(s)	\$ _____	\$ _____
Car/Boat/Truck/Machinery payments	\$ _____	\$ _____
Loans (other than house or vehicles)	\$ _____	\$ _____
Credit cards	\$ _____	\$ _____
All other (incl. alimony/child support)	\$ _____	\$ _____
	TOTAL \$	_____

Total Monthly Family Net Income (from Page One)	\$ _____
Less Total Monthly Expenses (shaded Total above)	\$ _____
Less Total Monthly Indebtedness (shaded Total above)	\$ _____
Total Monthly Income available for additional child	\$ _____

Have you ever filed for bankruptcy? Yes No
 If yes, please explain on a separate sheet of paper

Date

Signature

Date

Signature