

**CONFIDENTIAL**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Financial Statement for Fee Waiver**

1. My name is:

2.  I provide support to people who live with me: How many? \_\_\_\_\_ Age(s): \_\_\_\_\_

**3. My Monthly Income:**

Employed  Unemployed

Employer's Name:

Gross pay per month (salary or hourly pay): \$ \_\_\_\_\_

Take home pay per month: \$ \_\_\_\_\_

**4. Other Sources of Income Per Month in my Household:**

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

I receive food stamps.

**Total Income, lines 3 (take home pay) and 4:** \$ \_\_\_\_\_

**6. My Monthly Household Expenses:**

Rent/Mortgage: \$ \_\_\_\_\_

Food/Household Supplies: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Ordered Maintenance actually paid: \$ \_\_\_\_\_

Ordered Child Support actually paid: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_

Education Expenses: \$ \_\_\_\_\_

Insurance (car, health): \$ \_\_\_\_\_

Medical Expenses: \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

**5. My Household Assets:**

Cash on hand: \$ \_\_\_\_\_

Checking Account Balance: \$ \_\_\_\_\_

Savings Account Balance: \$ \_\_\_\_\_

Auto #1 (Value less loan): \$ \_\_\_\_\_

Auto #2 (Value less loan): \$ \_\_\_\_\_

Home (Value less mortgage): \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Household Assets:** \$ \_\_\_\_\_

**7. My Other Monthly Household Expenses:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

**8. My Other Debts with Monthly Payments:**

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

\_\_\_\_\_ \$ \_\_\_\_\_ /mo

Sub-Total: \$ \_\_\_\_\_

**Total Household Expenses and Debts, lines 6, 7, and 8:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_