|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | DEPARTMENT OF SOCIAL AND HEALTH SERVICES  CHILDREN’S ADMINISTRATION  **Financial Worksheet** | | | | | |
| APPLICANT NAME(S) | |  | |  | | |
| **Income** | | | | | | |
| List all regular net income, including but not limited to wages, Social Security, unemployment, pensions, and child support.  Add additional sheets if needed. | | | | | | |
| SOURCE | NET MONTHLY AMOUNT | VERIFICATION ATTACHED (SPECIFY TYPE, I.E., WAGE STUB) | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
| **Other Resources** | | | | | | |
| List any other resources you depend upon to meet your expenses, including but not limited to tribal payments, family support and inheritance. Add additional sheets if needed. | | | | | | |
| SOURCE | NET MONTHLY AMOUNT | VERIFICATION ATTACHED (SPECIFY TYPE, I.E., BANK STATEMENT) | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
| **Average Expenses** | | | | | | |
| MONTHLY EXPENSES | | AMOUNT | MONTHLY EXPENSES | | | AMOUNT |
| Housing | |  | Medical | | |  |
| Utilities / phone | |  | Child Support | | |  |
| Food | |  | Loans other than mortgage / rent | | |  |
| Car | |  | Credit card payments | | |  |
| Insurance | |  | Other (specify): | | |  |
| Have you ever filed for bankruptcy?  Yes  No; if yes, please explain the type of bankruptcy filed and when it was discharged: | | | | | | |
| Are you current on your child support payments?  Yes  No  N/A. If not, please explain: | | | | | | |
| APPLICANT SIGNATURE | | | | | DATE | |
| APPLICANT SIGNATURE | | | | | DATE | |