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|  |  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) |
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| **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) |
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| **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 |