

FINANCIAL INFORMATION SHEET

Client:	
Cause Number:	

MONTHLY INCOME

Gross Income:

Total Monthly Payroll Deductions:

Withholding	
FICA	
Mandatory Retirement	
Voluntary Retirement	
Deferred Compensation	
Health Insurance	
Life Insurance	
Savings	
Other Deductions: (please specify)	

Total Deductions:

NET PAY:

Other Income (please itemize below):

<hr/>	<input type="text"/>
<hr/>	<input type="text"/>
<hr/>	<input type="text"/>

TOTAL MONTHLY INCOME

MONTHLY EXPENSES

Rent or Mortgage Payment	
Real Property Taxes (if not included in the mortgage payment)	
Homeowner's insurance (if not included in the mortgage payment)	
Renter's or fire insurance	
Maintenance of residence (repairs, yard work, etc.)	
Utilities (gas, water, electric, garbage, sewer, cable, etc.)	
Telephone	
Groceries	
Dining out	
School lunches	
Uninsured doctor expenses	
Insured doctor expenses	
Uninsured prescription and pharmaceutical expenses	
Insured prescription and pharmaceutical expenses	
Uninsured routine dental care	
Uninsured orthodontic care	
Health and hospitalization insurance (if not paid by employer/deducted from wages)	
Life insurance (if not paid by employer/deducted from wages)	
Clothing purchases	
Laundry and dry cleaning	
Vehicle payment	
Gas and oil for vehicle	
Vehicle repair and maintenance	
Vehicle insurance	
Parking fees	
School tuition (if applicable)	
School supplies (if applicable)	
Children's extracurricular activities (if applicable)	
Childcare while at work (if applicable)	
Childcare for other times (if applicable)	
Entertainment	
Haircuts/hairstyling/barber	
Contributions	
Dues	
Subscriptions	
Prior obligations for child support or spousal maintenance	

Other Creditors (please itemize below):

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT

Total monthly payments to other creditors

\$

TOTAL MONTHLY EXPENSES

\$

STATE OF TEXAS

COUNTY OF _____

I, _____, state on oath that, to the best of knowledge and belief, the foregoing financial information statement contains a full and complete accounting of my monthly income from all sources and my monthly expenses.

SIGNED on the _____ day of _____, _____.

SIGNATURE OF PARTY

SIGNED under oath before me on the _____ day of _____,
_____.

NOTARY PUBLIC, State of Texas