

Liabilities

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Current Income and Expenses (from all sources)

Gross (weekly) (monthly) income \$

Federal tax
State tax
Social Security
Health Insurance
Pension
Other
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Total Deductions \$.....

Net (weekly) (monthly) income \$

Rent \$.....
Heat \$.....
Gas \$
Electric \$
Food \$
Clothing \$
Other \$
.....
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Total Expenses \$.....

Net Income minus expenses \$

Persons Living with you:

Other facts relevant to ability to pay:
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Signed under the penalties of perjury:

Name: _____

Address: _____

Telephone No. _____

Date: