



## FINANCIAL STATEMENT Employment Development Department

Employer Account Number: \_\_\_\_\_ Business Name: \_\_\_\_\_

Phone Number: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

**I. Personal Information:**

**Applicant:**

**Spouse:**

Name:

Name

Address:

Address:

SSN: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Date of Birth:

Date of Birth:

**Dependents:**

Name	Age	Relationship to Me	Other Monthly Income	Source

**All sections should include both the applicant's and spouse's information.  
Be sure to include separate and combined assets, and information where applicable.**

**II. Liquid Assets**

**Cash on Hand** \$ \_\_\_\_\_

**Bank Accounts:** (Include Savings and Loans, Credit Unions, IRA and Retirement Plans, Trust Funds, etc.)

Name of Institution	Address	Account Number	Balance
			\$ _____
			\$ _____

**Accounts/Notes Receivable:** (Anybody who owes you money)

Name	Address	Payment Due Date	Amount
			\$ _____
			\$ _____

**Available Credit Sources:** (Credit Unions, Lines of Credit, Charge Cards with cash advance features, etc.)

Type of Account or Card	Name and Address	Credit Available
_____	_____	\$ _____
_____	_____	\$ _____

**Securities:** (Stocks, Bonds, Mutual Funds, Money Market Funds, Government Securities, etc.)

Kind	Quantity/Denomination	Location	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Life Insurance:**

Name of Company	Policy Number	Type	Face Amount	Loan Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**III. Personal Assets** (Vehicles, Boats, RVs, Motorcycles, etc.)

Year	Make	Model	License Number	Market Value	Balance Due	Legal Owner	Equity
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____	\$ _____

**IV. Real Property Assets** (Include Partnerships and Investments)

Ownership	Physical Address	County	Market Value	Mo. Payment	Bal. Due	Equity
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

**V. Monthly Income Information**

**Applicant:** (Attach last three months pay stubs.)

Employer Name and Address

Gross Wages/Salaries

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

**Spouse:** (Attach last three months pay stubs.)

Employer Name and Address

Gross Wages/Salaries

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

**Mandatory Payroll Deductions:**

Taxes (Federal, State, FICA, SDI) \$ \_\_\_\_\_  
Medical Insurance \$ \_\_\_\_\_  
Retirement \$ \_\_\_\_\_  
Court Ordered Payments \$ \_\_\_\_\_  
Other Payroll Deductions (List) \$ \_\_\_\_\_

**Net Wages/Salaries** \$ \_\_\_\_\_

**Net Business Income** \$ \_\_\_\_\_

**Commissions, Bonuses, Overtime** \$ \_\_\_\_\_

**Net Rental Income** \$ \_\_\_\_\_

**Interest and Dividends** \$ \_\_\_\_\_

**Alimony** (Name and Address) \$ \_\_\_\_\_

**Other Income:** (Identify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**VI. Monthly Expense Information** (Necessary Living Expenses)

(Mark the appropriate box)

**Support Payment:** Child  Spousal  \$ \_\_\_\_\_

Rent  Mortgage  \$ \_\_\_\_\_

**Utilities** (gas, electric, water, etc.) \$ \_\_\_\_\_

**Phone** \$ \_\_\_\_\_

**Life Insurance** \$ \_\_\_\_\_

**Vehicle Expenses:** Payment Vehicle No. 1 \$ \_\_\_\_\_  
Payment Vehicle No. 2 \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Fuel \$ \_\_\_\_\_

**Food** \$ \_\_\_\_\_

**Clothing** \$ \_\_\_\_\_

**Medical Expenses** \$ \_\_\_\_\_

**Current Liabilities:** Internal Revenue Service \$ \_\_\_\_\_

Other Tax Agencies (List):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Subtotals This Page** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(A) Expenses/Deductions (B) Wages/Income

**General Creditors:** (Credit cards, loans, etc.)

Minimum Payment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Miscellaneous Expenses**

_____	\$ _____
_____	\$ _____

<b>Subtotal This Page</b>	\$ _____
	(C) Expenses

<b>Grand Total From Pages 3 and 4</b>	\$ _____	\$ _____
	(A+C) Expenses/Deductions	(B) Wages/Income

**VII. Other Information** (If yes, provide dates and explain below.)

	Yes	No
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<b>Professional/Contractor Licenses</b>	_____	_____
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<b>Court Proceedings</b>	_____	_____
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<b>Bankruptcies</b>	_____	_____
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<b>Repossessions</b>	_____	_____
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<b>Participation or beneficiary to trust, estate, etc.</b>	_____	_____
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<b>Health considerations that will affect earning potential</b>	_____	_____
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Explanation: \_\_\_\_\_

\_\_\_\_\_

**Do you anticipate an increase in income? Or have you had a recent transfer of assets of any kind?** Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Certification Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete. I also understand any costs incurred to verify questionable information may be my responsibility.

Your Signature

Date

\_\_\_\_\_  
Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HOW TO PREPARE THE FINANCIAL STATEMENT

Complete all requested information. Write "N/A" (not applicable) in those areas that do not apply to you. If the form is incomplete and/or unsigned, we will not be able to consider your request for a payment proposal. If you are self-employed or a partner or officer in an active business, include all business and personal assets and expenses in all the sections. The financial statement must include information on both you and your spouse. The areas explained below are those for which we have found to be most difficult to complete or more specific information is to be provided for full disclosure. You may attach additional pages if needed.

### Section I. Personal Information

List all persons dependent upon you, in whole or in part, for support. Include their name, age, relationship to you, and any income the dependents receive along with the source of income.

### Section II. Liquid Assets

**Bank Account** – Enter all accounts even if there is currently no balance. DO NOT enter bank loans. You may be requested to furnish bank statements for the last six (6) months.

**Accounts/Notes Receivable** – Enter requested information. Also attach a separate list describing when the receivable is due and how frequent (i.e., regular customer or one-time customer.) Include anyone who owes you money.

**Available Credit Sources** – List only credit lines or cards by a bank, credit union, or savings and loan that have cash advance features.

### Section III. Personal Assets

Enter all vehicles, boats, RVs, motorcycles, campers, etc. You may be requested to furnish a list detailing where the assets are located, the registered owners and lien holders, and expected payoff dates.

### Section IV. Real Property Assets

List all real estate that you own or are purchasing, both as an individual or with others. Attach a list of all owners names and type of ownership (joint tenants, tenants in common), describe type of mortgage payments and rental income amounts, and what the property is used for (residence, vacation, office, or shop rental).

### Section V. Monthly Income Information

Enter gross amount of wages, salary, commission, or draw amount and frequency (attach pay stubs for the last three [3] months). If you are self-employed, enter the NET business income (that is what you earn after you have paid your ordinary, necessary monthly business expenses) and attach a current profit/loss statement and balance sheet. Enter mandatory payroll deductions (regular withholdings for state and federal taxes, and Social Security; do not include insurance payments, loan payments, wage garnishments, etc.) List net rental income. Identify sources of other income.

### Section VI. Monthly Expense Information

**Necessary Living Expenses** – Attach an itemized list for medical, insurance, vehicle, and other expenses. You may be requested to submit documentation that court ordered payments and child/spousal support payments have been paid for the last six (6) months and are currently being paid. You may also be requested to submit documentation of all wage garnishments, payment plans, estimated tax payments, and settlement offers with Internal Revenue Service, other tax agencies, and general creditors.

**Note: Total household income and expenses are to be listed for both you and your spouse, even if only one spouse has a tax liability.**

### Section VII. Other Information

**Other Information** – Mark the appropriate box. For all "yes" answers, enter full explanation. If you have any professional licenses, please explain the type and provide the license number.

**Health/Medical Considerations** – Describe disability or medical considerations that do or will affect current or future financial status or earning potential for either you or your spouse.