

## FINANCIAL STATEMENT

Applicant Name:  
Co-Applicant Name

Case No. \_\_\_\_\_

Item	Value (Assets)	Unpaid Debt (Liabilities)	Monthly Payment	Amount Deliquent	Final Payment Date
Real Estate					
Car					
Car					
Truck					
Other vehicles (boat, motorcycle, etc.)					
Household Goods					
Appliances					
TV Sets					
Furniture					
Other					
Taxes Due:					
Real Estate					
Personal Property					
Income Tax					
Soc. Sec. Tax					
Other Debts:					
Personal Loan					
Hospital					
Doctor					
Dentist					
Child Support					
Alimony					
Credit Card					
Credit Card					
Credit Card					
Other					
Rent					
Cash-on-Hand (savings, checking, CD, etc.)					
Accounts Receivable					
Bonds & other securities					
Cash Value of Life Insurance					
<b>TOTALS</b>					

**NET WORTH:**

Total Assets:	
minus Total Liabilities	-
equals NET WORTH	

Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_  
 Signature of Co-Applicant: \_\_\_\_\_ date: \_\_\_\_\_