



SHL

The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

INCOME AND EXPENSES

1. Are you receiving, have you applied or do you intend to apply for AFDC?

(check which applies) Receiving have applied will apply not receiving

2. What is your date of birth? _____ - _____ - _____ Age _____

3. What is your occupation? _____

4. Highest year of education? _____

5. What (if any) degree was received? _____

6. Are you currently employed? Yes No

7. How many hrs per wk do you work? _____

8. What is your gross monthly earnings? _____

9. Please list your place of employment's name, address and telephone number.

Phone# _____

When did you start work there? _____

10. If not working where was your last place of employment?

11. When did you start working there? _____

9. 12. When did you stop working there? _____
13. What was your gross monthly earnings? _____
14. How many minor children you are legally obligated to support? _____
15. Do you have any other jobs? Yes No If so please specify
- Name of business _____
- Address _____
- Gross monthly income from this occupation _____

1. What is your current tax filing status? Please circle
- Married filing separately Married filing jointly with _____
- Head of household Single Other _____
- What is the last year you filed taxes? _____
- What # of exemptions do you claim? _____

2. How much do you estimate the other party's gross income (before taxes) to be?
 _____ Please explain how you came up with this
 estimate: _____
- _____
- _____
- _____

Current Income:

last month

average out of 12 months

(all income is gross before taxes or deductions of any kind)

- | | | |
|----------------------|----------|----------|
| 1. Salary or wages: | \$ _____ | \$ _____ |
| 2. Overtime | \$ _____ | \$ _____ |
| 3. Public assistance | \$ _____ | \$ _____ |
| 4. Spousal Support | \$ _____ | \$ _____ |
| 5. Pension | \$ _____ | \$ _____ |
| 6. Disability | \$ _____ | \$ _____ |

7. Unemployment	\$ _____	\$ _____
8. Workers Compensation	\$ _____	\$ _____
9. Investment Income	\$ _____	\$ _____
10. Rental property income	\$ _____	\$ _____
11. Trust Income	\$ _____	\$ _____
12. Dividends / interest	\$ _____	\$ _____
13. Self-Employment	\$ _____	\$ _____
14. Retirement	\$ _____	\$ _____
15. Other _____	\$ _____	\$ _____
16. Other _____	\$ _____	\$ _____

Deductions –

monthly

Union dues	\$ _____
Retirement payments	\$ _____
Medical / dental / hospital or other health ins	\$ _____
Child Support	\$ _____
Spousal Support	\$ _____
Necessary job related expenses (not reimbursed by employer)	\$ _____

Expenses

monthly

average of 12 months

1. Home mortgage or Rent	\$ _____	\$ _____
1.a Mortgage payments - Principal	_____	interest _____
1.b. Homeowners insurance	\$ _____	\$ _____
1.c. Maintenance & Repair	\$ _____	\$ _____
2. Property taxes	\$ _____	\$ _____
3. Child care costs	\$ _____	\$ _____
4. Groceries/ household supplies	\$ _____	\$ _____
5. Eating out	\$ _____	\$ _____
6. Utilities	\$ _____	\$ _____
7. Telephone , cell phone, email	\$ _____	\$ _____
8. laundry/cleaning	\$ _____	\$ _____
9. Education	\$ _____	\$ _____
10. Entertainment/Gifts/Vacation	\$ _____	\$ _____

- 11. Auto Expense/ Transportation \$ _____ \$ _____
- 12. Savings \$ _____ \$ _____
- 13. Insurance (life / accident) \$ _____ \$ _____
- 14. Charity \$ _____ \$ _____
- 15. Clothes \$ _____ \$ _____
- 16. Other \$ _____ \$ _____

Debt

Paid to:	For	Amount	Balance	Last payment date

Assets

Value

- 1. Cash on hand \$ _____ \$ _____
 - 2. Checking \$ _____ \$ _____
 - 3. Savings, money market \$ _____ \$ _____
 - 4. Stocks, Bonds \$ _____ \$ _____
- Could you easily sell your stocks or bonds? YES NO
- 5. Real property \$ _____ \$ _____
 - 6. Personal property \$ _____ \$ _____
 - 7. Other \$ _____ \$ _____

Does anyone live with you? Yes No

If so please list their name, age and relationship to you:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Do they contribute to your expenses? (rent, food, etc.) If so please list whom, and how much they contribute to each expense.

ANY OTHER SOURCES OF INCOME NOT MENTION PLEASE LIST:

ANY OTHER EXPENSES NOT MENTIONED PLEASE LIST

You may need proof of all sources of income and expenses on your hearing date

Income: Last 3 month pay stubs, last year tax return- W2's, any other income you receive (last two months), investment income, self employment income, assets, disability, public assistance, spousal support, partner support, pension, retirement, social security, unemployment, workers compensation, military payments, rental property income, stocks, bonds, any and all other income sources. **Expenses:** medical, dental, health care premiums, child support for other children, spousal support, necessary job related expenses – not reimbursed by employer, any and all other expenses.