## PERSONAL FINANCIAL STATEMENT

All lines with a \* must be have a minus sign (-) at the beginning of the entry.

| Name/Grade/Rank:   |   | Date:                     |         |                      |
|--|---|---------------------------|---------|----------------------|
| Marital Status:  | # of Dependents:  | Ages:                     |         |                      |
| I. MONTHLY INCOM   | <u>ME</u>   |                           |         |                      |
| Gross Salary (Base Pay<br>*Minus Your Total De<br>(Medical insurance, automa | ductions/Allotments   |                           |         | \$<br>\$             |
| YOUR TOTAL I<br>Your Total Net Salary  | NET SALARY  |                           | =       | \$<br>\$             |
| Your Spouse's Net Salary   |   |                           |         | \$                   |
| Additional Income  | •   |                           | +       | \$                   |
| (Part-time employment or c   | hild support, alimony, etc.)                                  |                           |         | ·                    |
| YOUR TOTAL (COM  | BINED) NET INCOM  | Е                         | =       | \$                   |
| II. MONTHLY EXPE   | NSES: Ensure your figure                                      | es are as accurate as pos | ssible. |                      |
| *Cable TV (movie channel   | port/Alimony (if not auto<br>els, HBO, DDS, etc.)             | •                         |         | \$<br>\$<br>\$       |
| { The following  | Expenses should be av   | eraged per monur}         |         |                      |
| *Utilities (water, electric,   | •   |                           |         | \$                   |
| *Telephone (Bell Atlantic  | c + long distance service)                                    |                           |         | \$                   |
| *Groceries   |   |                           |         | \$<br>\$<br>\$<br>\$ |
| *Restaurant Expenses (   |   |                           |         | \$                   |
| -  | e luncheons, school lunches)                                  |                           |         | <b>\$</b>            |
| *Medical Expenses (over *Life Insurance (if not a                            | • •   |                           |         | \$                   |
| *Car Insurance (if not au  | -   |                           |         | \$                   |
| *Car Expenses (gas, mai  | •   |                           |         | \$                   |
| *Property Tax/Real Est   |   |                           |         | \$                   |
| *Clothing (entire family)  | \ <b>11</b> /   |                           |         | \$                   |
| *Education (tuition, book  | s, supplies)  |                           |         | \$                   |
| *Entertainment (movies/  | videos, babysitter, allowanc                                  | e, Internet,              |         |                      |
|  | vspapers, functions, trav                                     |                           |         | \$                   |
| = = = = = = = = = = = = = = = = = = =  | iversary, mother/father's day                                 |                           |         | \$                   |
| <del>-</del>   | e, children, in-laws, siblings,                               |                           |         | ф                    |
| · •  | ners, barber/salon, pagers, c<br>toiletries, home furnishings | •                         |         | \$                   |
| YOUR TOTAL MONTH   | ILY EXPENSES  |                           | =       | \$                   |

III. DEBTS: (Do not include bills automatically being deducted (any items already listed in sections I & II Monthly Income & Expenses). List all credit/gas cards and loans: school/home equity/signature/personal loans, etc.) All lines with a \* must have a minus sign (-) at the beginning of the entry.

| Bank/Institutions/Company/Person | Balance<br>Owed | *Monthly Payment | Amount Past Due |
|----------------------------------|-----------------|------------------|-----------------|
|                                  | \$              | \$               | \$              |
|                                  | \$              | \$               | \$              |
|                                  | \$              | \$               | \$              |
|                                  | \$              | \$               | \$              |
|                                  | \$              | \$               | \$              |
|                                  | \$              | \$               | \$              |
| TOTAL:                           | \$              | \$               | \$              |
| YOUR TOTAL MONTHLY D             | EBT PAYMEN      | т =              | \$              |

## IV. ASSETS (ITEMS PAID IN FULL, TITLES IN YUR NAME, EQUITY IN YUR NAME, ETC.)

| Checking Account                  | \$ |
|-----------------------------------|----|
| Savings Account                   | \$ |
| Real Estate/home(s)               | \$ |
| Vehicle(s), motorcycle(s)         | \$ |
| Boats (trailers, mobile home)     | \$ |
| Stocks, bonds, mutual funds, etc. | \$ |
| Retirement fund, IRA(s), etc.     | \$ |

<u>IV.</u> <u>DISPOSABLE INCOME</u> (Add your Monthly Expenses and Debt Payments. Then subtract that total from our Total Net Income. This final figure will determine your Disposable Income.)

| Monthly Expenses            | + | \$ |
|-----------------------------|---|----|
| Debt Payments               | + | \$ |
|                             |   |    |
| Total Monthly Expenses/Debt | = | \$ |
| Total Not Income            |   | ¢  |
| Total Net Income            |   | \$ |
| Total Monthly Expenses/Debt | - | \$ |
|                             |   |    |
| DISPOSABLE INCOME           | = | \$ |

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