FINANCIAL INFORMATION STATEMENT

of _____

Cause No. _____

HUSBAND / FATHER | **WIFE / MOTHER**

Employer Paid

Paid every _____ | *Paid every* _____

Monthly Net Pay
Other Income
Child Support
Spousal Support
Total Net Income

HUSBAND		WIFE
	Housing for Husband	
	Housing for Wife	
	Property Taxes	
	Homeowner's Insurance	
	Flood Insurance	
	Windstorm Insurance	
	Electricity	
	Nat. Gas	
	Water	
	Cable TV	
	Telephone	
	Lawn Service	
	Food/Groceries	
	Entertainment-for Adult	
	Entertainment-Child	
	Haircuts	
	Laundry	
	Housekeeper	
	Uninsured Medical	
	Dental	
	Car Insurance	
	Auto Loans	
	Gas/Oil	
	Life Insurance	
	Private School	
	Lunches/School Supplies	
	Clothes-Adult	
	Clothes-Child	
	Cell Phone	
	Pets	
	Subscriptions	
	Internet Service	
	Memberships	
	Total Credit Card(s)	
	Misc.	
	Total Expenses	

List each credit card

Card	Minimum Monthly Payment

	Monthly Cash Flow	

Ready Cash List non-retirement accounts or cash in your name or control. Attach additional pages if needed.

Financial Institution	*Type of Account*	*Balance*

Signature: X_____ **Date:** _____