

FINANCIAL INFORMATION

NAME(S): _____

MONTHLY INCOME

HUSBAND'S SALARY \$ _____
WIFE'S SALARY \$ _____
OTHER INCOME \$ _____
\$ _____
\$ _____
TOTAL \$ _____

ASSETS

FURNITURE \$ _____
REAL ESTATE \$ _____
AUTOMOBILE \$ _____
STOCKS/BONDS \$ _____
\$ _____
TOTAL \$ _____

MONTHLY EXPENSES

RENT \$ _____
FOOD \$ _____
MEDICAL/DENTAL \$ _____
CLOTHING \$ _____
GAS/CAR REPAIRS \$ _____
RECREATION \$ _____
CHILD CARE EXPENSE \$ _____
UTILITIES \$ _____
\$ _____
TOTAL \$ _____

LIABILITIES

	<u>MONTHLY PAYMENT</u>	<u>BALANCE</u>
HOUSE	\$ _____	\$ _____
AUTOMOBILE	\$ _____	\$ _____
CREDIT UNION	\$ _____	\$ _____
CHARGE ACCOUNT(S)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL \$	\$ _____	\$ _____

INSURANCE

MEDICAL YES _____ MONTHLY PREMIUM \$ _____
COVERAGE: NO _____

FAMILY MEMBERS HUSBAND _____
COVERED: WIFE _____
CHILD(REN) _____

LIFE INSURANCE YES _____ MONTHLY PREMIUM \$ _____
COVERAGE: NO _____

AMOUNT OF HUSBAND \$ _____
COVERED: WIFE \$ _____
CHILD(REN) \$ _____

BETWEEN NOW AND THE TIME OF THE INVESTIGATOR'S VISIT, PLEASE MAKE A LIST OF PERSONS YOU BELIEVE ARE SUFFICIENTLY ACQUAINTED WITH YOUR FAMILY SITUATION TO GIVE US MEANINGFUL INFORMATION. PLEASE LIST NAMES, ADDRESSES, HOME AND WORK TELEPHONE NUMBERS.

INVESTIGATOR: _____

CAUSE NO.: _____