

# 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)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$</b> _____	<b>\$</b> _____

## 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) \$ \_\_\_\_\_