This form shall not be modified. It may be supplemented with additional material.
### MONTHLY GROSS INCOME

1. Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime.
2. Pensions, retirement funds and social security benefits received
3. Disability, Unemployment Insurance and/or public assistance funds received
4. Interest and Dividends received
5. Child Support and maintenance (spousal support) received
6. Rental payments received (from property you rent to others)
7. Bonuses received
8. Other sources of income received: (please specify)
9. 
10. Total Gross Income (add lines 1-9)

### MONTHLY DEDUCTIONS

11. Number of tax exemptions claimed
12. Monthly federal and state income tax, Social Security, and Medicare withholdings
13. Medical insurance
14. Other insurance (Life, disability, etc.)
15. Union or other dues
16. Retirement, pension and/or deferred compensation fund
17. Child support or spousal support payment deductions
18. Other deductions: (please specify)
19. 
20. 
21. Total Monthly Deductions (add lines 12 – 20)

### MONTHLY NET INCOME

(subtract line 21 from line 10)

6. **CURRENT MONTHLY HOUSEHOLD EXPENSES**

**Monthly Household Expenses**

1. Rent/mortgage payment/property taxes/home or rent insurance (primary residence)
2. Food
3. Utilities (electricity, heat, water, sewage, trash)
4. Telephone (local, long distance & cellular)
5. Cable/Satellite and Internet Services
6. Insurance (life, health, accident, auto, liability, disability, excluding insurance that is paid through payroll deductions)
7. Auto payments (loans/leases), auto expenses (gas, oil, repairs, maintenance), and transportation (other than automobile)
8. Medical, dental and prescription drug expenses (not covered by insurance)
9. Childcare (babysitting and day care)
10. Child support or spousal support payments (Exclude payments made through payroll deductions)
11. Other expenses

**Other Monthly installment payments:**

12. Mortgage (other than primary mortgage)
13. Other vehicle payments (RV, boat, ATV)
14. Credit card debt (total minimum monthly payments)
15. Court ordered obligations
16. Student loans
17. Other personal loans
18. 

**TOTAL MONTHLY EXPENSES** (Add lines 1-18)
7. I □ do □ do not have assets (vehicles, real estate, personal property, stocks, retirement accounts, etc.) with a total fair market value of $10,000 or more at this time.

8. DECLARATION: I declare under penalty of perjury that the above, including all attachments are complete, true and correct.

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<th>Sign and print your name.</th>
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<td>Enter the date on which you signed your name.</td>
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**Note:** This signature does not need to be notarized.

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