

# Personal Financial Statement



Customer: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Income**

<b>Earned Income</b>	<b>Source</b>	<b>Amount</b>
Salary & Wages	_____	\$ _____
Bonus/Other	_____	\$ _____
Additional Income	_____	\$ _____
<b>Total Monthly Income</b>		\$ _____

**Savings**

(401 K)	_____	\$ _____
Other Savings	_____	\$ _____
<b>Total Monthly Savings</b>		\$ _____

**Expenses**

Living Expenses	_____	\$ _____
Food Clothing	_____	\$ _____
Utilities	_____	\$ _____
Home Repair	_____	\$ _____
Auto Maintenance	_____	\$ _____
Dining /Entertainment	_____	\$ _____
Child Care	_____	\$ _____
Other Payments	_____	\$ _____
<b>Total Living Expenses</b>		\$ _____

**Personal Care**

Dry Cleaning	_____	\$ _____
Health/Beauty Personal Care	_____	\$ _____
Health Spa/Clubs	_____	\$ _____
Other Payments	_____	\$ _____
<b>Total Personal Expenses</b>		\$ _____

**Debt Payments**

Mortgage	_____	\$ _____
Credit Card 1	_____	\$ _____
Credit Card 2	_____	\$ _____
Loan/Installment Payment	_____	\$ _____
Other Payment (1)	_____	\$ _____
Other Payment (2)	_____	\$ _____
<b>Total Debt Payments</b>		\$ _____

**Insurance Premiums**

Home	_____	\$ _____
Auto	_____	\$ _____
Life	_____	\$ _____
Disability/Other	_____	\$ _____
Long Term Care	_____	\$ _____
<b>Total Premiums Payments</b>		\$ _____

**Hardship Statement:**

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