FINANCIAL INFORMATION STATEMENT

of _____

Cause No. _____

HUSBAND / FATHER		**WIFE / MOTHER**
Paid every _____	Employer Paid	*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	
	Monthly Cash Flow	

List each credit card

Card	Minimum Monthly Payment

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:** _____