

FAMILY INCOME STATEMENT

APPLICANT'S PLACE OF EMPLOYMENT:

JOB TITLE: _____

LENGTH OF EMPLOYMENT _____ ANNUAL SALARY _____

If less than one year, give the previous employer, time, and salary.

CO-APPLICANT'S PLACE OF EMPLOYMENT:

JOB TITLE: _____

LENGTH OF EMPLOYMENT _____ ANNUAL SALARY _____

If less than one year, give previous employer, time, and salary.

ADJUSTED GROSS INCOME (as taken from 1040 for previous year)

AMOUNT OF ASSETS:

DO YOU HAVE A CHECKING ACCOUNT? YES ☐ NO ☐

DO YOU HAVE A SAVINGS ACCOUNT? YES ☐ NO ☐

OTHER ACCOUNTS _____

INSURANCE: Life and Health

Who is insured	Type of insurance	Name of Company	Amount

Cost of home: _____

Amt. of mortgage: _____

Amt. still owed: _____

Monthly Net Income	
Mortgage/Rent	
Utilities – Water, gas, electric	
Phone/cell phone	
Insurance: home/renter's (do not include if included in mortgage)	
Insurance: Medical (do not include if it comes out of income)	
Insurance: Car	
Insurance: Life (do not include if it comes out of income)	
Installment Payments: Vehicles	
Installment Payments: Loans	
Installment Payments: Credit cards	
Installment Payments: Other (specify)	
Food	
Clothing	
Medical and Dental	
School Expenses	
Recreation	
Church and charity	
Savings	
Other: Specify	
Other: Specify	
Total Expenses	

I/We swear that the amounts listed above are true and accurate to the best of our knowledge.

Signed_____ **Date**_____
Applicant

Signed_____ **Date**_____
Co-applicant