

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR SOCIAL SERVICES

FINANCIAL STATEMENT

Name: _____
 Husband's Last First Middle Birthdate Wife's maiden First Birthdate

Address: _____ Phone: _____
 Street City State ZIP

Members of Household:

Full Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional page if necessary)

Social Security Number: Husband _____ Wife _____

EMPLOYMENT; MONTHLY INCOME AND OTHER ASSETS:*

Are board payments included in monthly income? Yes ___ No ___

	HUSBAND	WIFE
Occupation	_____	_____
Employer	_____	_____
How long employed in current position?	_____	_____
Gross Salary (per month)	\$ _____	\$ _____
Net Salary (per month)	\$ _____	\$ _____
Other income (per month)	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____
Assets:		
Savings Account	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Other	\$ _____	\$ _____
Insurance (amount)		
Medical	\$ _____	\$ _____
Life	\$ _____	\$ _____

*Figures need not be precise, but they should be reasonably accurate.

MONTHLY EXPENDITURES:

Mortgage (home) payment	\$ _____
Rent	\$ _____
Utilities	\$ _____
Car and/or transportation	\$ _____
Insurance (medical, life, car, etc.)	\$ _____
Installment payments for _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical expenses	\$ _____
School expenses	\$ _____
Recreation	\$ _____
Savings	\$ _____
Other (specify i.e., Child Support, Child Care, etc.)	\$ _____
	\$ _____

TOTAL MONTHLY EXPENSES

*Figures need not be precise, but they should be reasonably accurate.

SIGNED: _____ (Date)
 (Husband)

 (Wife) (Date)