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EMPLOYMENT HISTORY AND ESTIMATED INCOME/EXPENSE STATEMENT

YOUR Employment History for previous ten years (use back if necessary)

1) Current Employer name: _____
Address _____
Telephone # _____ Date of employment _____
Supervisor name _____ Position _____

2) Employer name: _____
Address _____
Telephone # _____ Dates of employment _____
Supervisor name _____ Position _____
Reason for leaving: _____

3) Employer name: _____
Address _____
Telephone # _____ Dates of employment _____
Supervisor name _____ Position _____
Reason for leaving: _____

Have you ever been fired? ___yes ___no
If yes, briefly describe the circumstances:

If you are employed outside of the home, how many hours per week do you work?
___non-applicable ___20-30 hours ___41-50 hours
___less than 20 hours ___31-40 hours ___more than 50 hours

Whether you work inside or outside of the home, do you enjoy your work?
___no ___most of the time
___some of the time ___all of the time

Do you plan any career or job changes in the near future?
___yes ___no

YOUR Spouse's Employment History for previous ten years (use back if necessary)

1) Current Employer name: _____
Address _____
Telephone # _____ Date of employment _____
Supervisor name _____ Position _____

2) Employer name: _____
Address _____
Telephone # _____ Dates of employment _____
Supervisor name _____ Position _____
Reason for leaving: _____

3) Employer name: _____
Address _____
Telephone # _____ Dates of employment _____
Supervisor name _____ Position _____
Reason for leaving: _____

Have you ever been fired? ___yes ___no
If yes, briefly describe the circumstances:

If you are employed outside of the home, how many hours per week do you work?
___non-applicable ___20-30 hours ___41-50 hours
___less than 20 hours ___31-40 hours ___more than 50 hours

Whether you work inside or outside of the home, do you enjoy your work?
___no ___most of the time
___some of the time ___all of the time

Do you plan any career or job changes in the near future?
___yes ___no

Income: _____

| | Gross | Net |
|--|----------|----------|
| From Employment | \$ _____ | \$ _____ |
| Own Business | \$ _____ | \$ _____ |
| Public Assistance (TANF, SSI, Food Stamps) | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ |
| Spouse Income | \$ _____ | \$ _____ |
| Other sources (spousal support, gifts, etc.) | \$ _____ | \$ _____ |

Total persons supported by this income _____

Account Balances

Checking 1: _____

Checking 2: _____

Checking 3: _____

Savings 1: _____

Savings 2: _____

Investments

Source _____ \$ _____

Source _____ \$ _____

Source _____ \$ _____

Property Owned

Description: _____ Value \$: _____

Description: _____ Value \$: _____

Description: _____ Value \$: _____

Description: _____ Value \$: _____

Life Insurance Policies

Name of carrier _____

Insured Amount \$ _____

Beneficiary (ies) _____

Policy Number _____

Name of carrier _____
 Insured Amount \$ _____
 Beneficiary (ies)) _____
 Policy Number _____

Name of carrier _____
 Insured Amount \$ _____
 Beneficiary (ies)) _____
 Policy Number _____

Debts (loan, credit card, etc.)

| Lender | Amount Owed | Type of Debt | Monthly Payment |
|--------|-------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever filed for bankruptcy? y___ n ___ If so, date of filing _____

Explanation:

| ESTIMATED REGULAR MONTHLY EXPENSES | MONTHLY PAYMENT |
|--|-----------------|
| Mortgage/Rent | \$ |
| Second Mortgage | \$ |
| Third Mortgage | \$ |
| Property Taxes (monthly average) | \$ |
| Utilities: Gas | \$ |
| Utilities: Water | \$ |
| Utilities: Electric | \$ |
| Cable/ Satellite | \$ |
| Car Payment One | \$ |
| Car Payment Two | \$ |
| Car Payment Three | \$ |
| Auto Insurance (monthly average) | \$ |
| Car Fuel (monthly average) | \$ |
| Car repair/maintenance (monthly average) | \$ |
| Homeowner's insurance (monthly average) | \$ |
| Health, Dental, Vision Insurance (monthly avg) | \$ |
| Life Insurance | \$ |
| Short term/long term disability | \$ |
| Loan Payment 1 | \$ |
| Loan Payment 2 | \$ |
| Loan Payment 3 | \$ |

| | |
|---|-----------|
| Credit Card Payment | \$ |
| Credit Card Payment | \$ |
| Credit Card Payment | \$ |
| Credit Card Payment | \$ |
| Child Support | \$ |
| Child Care | \$ |
| Groceries | \$ |
| Entertainment | \$ |
| Clothing | \$ |
| Personal expenses (ie.hair, nails, memberships) | \$ |
| Contributions to Savings account | \$ |
| Other (please describe) | \$ |
| Other (please describe) | \$ |
| Other (please describe) | \$ |
| Other (please describe) | \$ |
| | |
| TOTAL EXPENSES | \$ |

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

EXTRA MONEY AVAILABLE \$ _____

I (We) certify that this financial statement is an accurate description of my (our) monthly income and expenses and hereby authorize Brenda Lee Roberts, M. Ed., LPC to check my (our) credit status and history as required to establish my (our) financial stability.

Signature Parent _____

Date: _____

Signature Spouse _____

Date: _____