

Appendix 2

STATE OF TEXAS

COUNTY OF _____

I, _____, state on oath that, to the best of my knowledge and belief, the foregoing financial information statement contains a full and complete accounting of my monthly income from all sources and my monthly expenses.

SIGNED ON THE _____ day of _____, _____.

SIGNATURE OF PARTY

SIGNED under oath before me on the _____ day of _____, _____.

NOTARY PUBLIC, State of Texas

FINANCIAL INFORMATION STATEMENT

CLIENT:
CAUSE NUMBER:

MONTHLY INCOME

Gross Income \$

Total Monthly Payroll Deductions:

Withholding	\$
FICA (Social Security)	\$
Mandatory Retirement	\$
Voluntary Retirement	\$
Deferred Compensation	\$
Life Insurance	\$
Credit Union (savings)	\$
Credit Union (loan payment)	\$
Health Insurance	\$
Other Deductions:	\$
	\$

Total Deductions \$

NET PAY \$

Other Income: (itemize below)

	\$
	\$
	\$

TOTAL MONTHLY INCOME \$

MONTHLY EXPENSES

Rent or mortgage payment	\$
Real property taxes (if not included in the mortgage payment)	\$
Homeowner's insurance (if not included in mortgage payment)	\$
Renter's or fire insurance	\$
Maintenance of residence (repairs, yardwork, etc.)	\$
Utilities (gas, water, electric, garbage, sewer, etc.)	\$
Telephone	\$
Groceries	\$
Dining out	\$
School lunches	\$
Uninsured doctor expenses	\$
Uninsured prescription and pharmaceutical expenses	\$
Uninsured routine dental care	\$
Uninsured orthodontal care	\$
Health and hospitalization insurance (if not paid by employer or deducted from wages)	\$
Life insurance (if not paid by employer or deducted from wages)	\$
Clothing purchases	\$
Laundry and dry cleaning	\$
Vehicle payment	\$
Gas and oil for vehicle	\$
Vehicle repair and maintenance	\$
Vehicle insurance	\$
Parking fees	\$
School tuition	\$
School supplies	\$
Children's extracurricular activities	\$
Childcare while at work	\$
Childcare for other times	\$
Entertainment	\$
Hairstyling, barber	\$
Contributions	\$

Dues

\$

Subscriptions

\$

Prior obligations for child support or alimony

\$

Other Creditors: (Itemize below)

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total monthly payments to other creditors

\$

TOTAL MONTHLY EXPENSES

\$
