

FINANCIAL DISCLOSURE STATEMENT

IVD#: _____

Mom: _____

Dad: _____

DOB: _____

DOB: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

EMPLOYMENT STATUS: Paid: Weekly ___ Every Other Week ___ Twice per Month ___ Monthly ___
YOU MUST PROVIDE 8 WEEKS OF WAGE STATEMENTS AND COPIES OF YOUR LAST 2 TAX RETURNS.

Employed Full Time: Employer Name/Address: _____
40 hrs/wk Hourly Wage/Salary: _____ per _____
Overtime Available Average # of hrs/wk: _____ OT Wage: \$ _____

Employed Part Time: Employer Name/Address: _____
of hours/wk _____ Hourly Wage/Salary: _____ per _____

Self Employed Doing Business As: _____
Average Monthly Gross Income \$ _____ Must provide personal & business tax returns for past 2 years.

Unemployed Receiving Unemployment Compensation Benefits YES ___ NO ___
Amount of UC Benefits: \$ _____ per week When will they end? _____

Other sources of Income: Pension/401K \$ _____ per month
Worker's Compensation \$ _____ per month SSI \$ _____ per month
Social Security Disability \$ _____ per month Other Income \$ _____ per month

How many other children are you legally responsible to support? (Do not include stepchildren unless adopted.) _____
Names and Dates of Birth for these other children: _____

MONTHLY LIVING EXPENSES:

Number of Household Members: _____ List household members names and relationship to you: _____

Does any other household member contribute to monthly expenses: YES NO If yes, how much? \$ _____ per mo

Rent or Mortgage Pymt: \$ _____ Health Insurance Costs \$ _____
Real Property Taxes (residence) \$ _____ Uncovered Med/Dental Exp. \$ _____
Real Property Insurance \$ _____ Other Insurance (Life, etc.) \$ _____
Repairs/Maintenance \$ _____ Child Care \$ _____
Food \$ _____ Child Support (prior obligation) \$ _____
Utilities (Heat, Electric, Phone) \$ _____ School Expenses \$ _____
Clothing \$ _____ Entertainment/Hobbies \$ _____
Auto Payment \$ _____ Credit Card Payments \$ _____
Transportation (Gas, Ins.) \$ _____ Other Expenses (list) \$ _____
Incidentals (Smoking, Alcohol Grooming, Gifts) \$ _____ TOTAL EXPENSES: \$ _____

DEBTS: (Use back of sheet to list additional debts)

Table with 3 columns: Creditors, Balance Due, Monthly Amount

ASSETS: (List particulars for all that apply)

Real Estate: Home _____ Farm _____ Land _____ Rental Property _____
Outstanding Mortgage: \$ _____ Fair Market Value: \$ _____
Mortgage Payment: \$ _____ Yearly Taxes: \$ _____

Stocks/Bonds/Pensions Description and Value: _____
Life Insurance: _____

Other (inc bank accts): Checking Acct: Institution: _____ Balance: \$ _____
Savings Acct: Institution: _____ Balance: \$ _____
Other: _____

Automobiles: Year: _____ Make: _____ Model: _____
Outstanding Loan: \$ _____ Monthly Payment: \$ _____
Estimated Value: \$ _____

HEALTH INSURANCE: (Check all that apply)

____ Employer-sponsored health insurance (bring written verification of coverage and cost)
Name of Insurance Co: _____
Who is insured? _____
Cost of Single Policy: \$ _____ per _____
Cost of Family Policy: \$ _____ per _____

____ Private Health Insurance
Name of Insurance Co: _____
Who is insured? _____
Cost per month: \$ _____

____ Medical Assistance/Badger Care Coverage:
Who is insured? _____

____ No insurance
Reason for no insurance:
____ Unemployed
____ Not available through employer

BANKRUPTCY:

Have you ever filed bankruptcy? YES NO If yes, what type and when: Chapter _____ Year _____
Was bankruptcy discharged? YES NO Date of discharge: _____

ADDITIONAL INFORMATION:

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct, and that this declaration was executed on the _____ day of _____, 20_____.

SIGNATURE: _____