FINANCIAL STATEMENT

DEBTOR (FIRST NAME)			(MIDDLE)			/ (LA	(LAST)					DATE OF BIRTH			
ADDRESS		STREET			CITY		-	STATE				ZIP CODE			OWN
HOME PHONE			SS#		,				DRIV	/. LIC	<u>.</u>				RENT
EMPLOYER		de la monte de la constante de					OMPAN	IY NAME					PHON	E NO	
ADDRESS	STREE							STATE				ZIP CODE			
JOB TITLE				EMP. NO.			GROSS MONTHLY IN					NET INCOME			Newholton Company of the Company of
SPOUSE (FIRST NAME)			(MIDD			(LA						DATE OF		I Jeponie) E)
				/	and the second second second	150						DATEO	DIIVII	1 (31000	
HOME PHONE			SS#						D	RIV. I	LIC.#				
EMPLOYER (SPOUSE)						С	OMPAN	Y NAME				P	HONE	NO.	
ADDRESS STREET			CITY					TATE			ZIP CODE				
		. \$			OTHER			NACOME		UNEMPLOY		IENT	\$		
1) DEBTOR (MON	Y INCOME)					U RECEI	ICOME IVE AFDC,	H		SABILITY CIAL SEC	URITY	\$			
2) SPOUSE (MONTHLY INCOME)			\$				OR SSI, I UBMIT P	PLEASE, ROOF	F	CHILD SUPPORT OTHER		ORT	\$		
NAME & AGES OF DEPEN				L		TOTAL N	0.0	1	PENDENTS		TOT	AL HOU	SEHOLD INCOM		
	Γ	NAME 8	2. ADDR	ECC				ACCOUN.	T-#				\$	ANCE	
BANK ACCOUNTS	147.000	ADDIT			<u></u>		A000014	1 177							
AND CREDIT UNION	SAV.	SAV.						ACCOUNT#				BALANCE			
INFORMATION	C.U.	ADD	RESS					ACCOUN'	Γ#	***************************************	er e	The second second	BA	LANCE	
LIVING EXPENSES	ES OWED			TO MONTHL			Y AMT. OTHER EXP			ENSES		OWED TO		M	ONTHLY AMT.
RENT / MORTGAGE			76.5					CAR N	OTE	Mora					The state of the s
UTILITIES	·	- 12-23-2-2-2-2						CAR INSU	RAN	CE		- Landerson		17,	
TRANSPORTATION								CELL PHONE				,			-
FOOD			51					CREDIT (CARD	os					
CHILD CARE								LOA	NS						
MED. INS. PREMIUMS															
MED. EXPENSES		C. C						, -		-		eritere (filozofia en en en en en en entreplojistik same			and the second second second second
READ CAREFULLY B	EFORE S	SIGNING. KNO	HERE	BY CERTIF GE. I UNDE	Y THAT	T ALL STA	ATEMEN PERJUR	ITS MADE I	IERE HAB	ON A	RE COMPI Y INPRISON	ETE AND	CORRI	ECT TO	THE BEST OF M
SIGNATURE							ATE SIGNATURE					OUSE)			,
NIGORIE VEDICIES DV	OTA				DO NOT COMPLETE - OFFICE USE			-							
INCOME VERIFIED BY -				STATE TAX FORM PAYCHECK STUB OTHER			R	RECOMMENDATION:							
MONTHLY PAYMENT \$ _							REPA	YMETN PL	AN		-	YE	 3		NO 🗍
COMMENTS:	2			, 4											
	5	-			**************************************										
THE ACCOUNT OF							_								
FINANCIAL EVAL	.UATOR							DAT	E					4	