

**MONTHLY FINANCIAL STATEMENT**

Prospective Client's Name: \_\_\_\_\_

Mother/Step: \_\_\_\_\_ Father/Step: \_\_\_\_\_

Monthly Income:

Gross: \_\_\_\_\_ Gross: \_\_\_\_\_

Net: \_\_\_\_\_ Net: \_\_\_\_\_

Other Income:

	Recipient	Amount
Child Support	_____	_____
SSI	_____	_____
SSA	_____	_____
SSDI	_____	_____

TOTAL FAMILY INCOME: \_\_\_\_\_

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Names/ages of people living in household:

_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPENSES:

Rent/Mortgage	_____	Debts	_____
Electricity	_____		_____
Telephone	_____		_____
Water/Sewer	_____		_____
Transportation	_____		_____
Food/Supplies	_____		_____
Medical	_____		_____

Total Monthly Expenses: \_\_\_\_\_

After reviewing my own financial statement, I believe that I would be able to contribute \$ \_\_\_\_\_ monthly toward the cost of my child's care.

**\*\*\*\*\* PROOF OF INCOME MUST BE ATTACHED OR THE FINANCIAL ASSESSMENT WILL NOT BE REVIEWED AND WILL DELAY ADMISSION \*\*\*\*\***