

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: _____

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 REVIEWED AND WILL DELAY ADMISSION *******