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 the 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)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PURPOSE</th>
<th>BALANCE</th>
<th>MONTHLY PAYMENT</th>
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Total monthly payments to other creditors $  

**TOTAL MONTHLY EXPENSES** $