

### Statement of Financial Status

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Work Street Address: \_\_\_\_\_  
Work City, State, Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_

#### Assets & Income - Include Copies of all Pay Stubs

Checking Acct:Bank _____	Acct# _____	Bal\$ _____
Savings Acct:Bank _____	Acct# _____	Bal\$ _____
Gross Monthly Income: _____	Spouse Monthly Gross: _____	
Child Support/mo: _____	Unemployment: _____	
Alimony _____	Welfare: _____	
Other Income: _____	Spouse Other Income: _____	
Other Asset: _____	Value: _____	
Other Asset: _____	Value: _____	
Other Asset: _____	Value: _____	

Liabilities & Expenses	Financed By	Unpaid Balance	Mo Pay Amt	Due Date
Rent/Mort:				
Car 1 Pmt:				
Car 2 Pmt:				
Food:				
Insurance:				
Utilities:				
Transportation/Gas:				
Alimony:				
Child Support:				
Other Expenses:				

I declare that the answers and statements contained herein are, to the best of my knowledge and belief, true, correct, and complete.

I propose to pay \$ \_\_\_\_\_/mo. Due date requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Please provide us with further information that will help us determine your ability to pay.

Return this Document to:

GRC  
PO Box 6138  
Indianapolis, IN 46206-6137  
FAX: 317-598-4028

GRC  
PO Box 82513  
Las Vegas, NV 89180-2513  
FAX: 702-804-8453