

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:

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

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