Appendix 2

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 fire 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)

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

Total monthly payments to other creditors	$
TOTAL MONTHLY EXPENSES	$