

FINANCIAL EVALUATION FORM

I (we) voluntarily submit this financial information and ask my (our) counselor to set a reasonable reduction. I (we) agree to inform my (our) counselor of any changes in my (our) financial status. I (we) understand that we may be requested to complete a new format least annually throughout the duration of my (our) counseling. I (we) also understand that the fee reduction will not occur until this form has been completed in full and returned to my (our) counselor for consideration. **Each space must be filled in for this fee reduction request to be evaluated.**

Client Name: _____ Date: _____

Circle One: Single Married Divorced Widowed' Separated

Names and ages of people living in your home: _____

EXPENSES

	Monthly Payment	Total Outstanding Debt		Monthly Payment	Total Outstanding Debt
Refrigerator	_____	_____	Health Ins	_____	_____
Electricity	_____	_____	Hospital	_____	_____
Telephone(s)	_____	_____	Medical	_____	_____
Water	_____	_____	Dental	_____	_____
Gas	_____	_____	Drugs	_____	_____
Car Payment	_____	_____	Credit C	_____	_____
Gasoline	_____	_____	Loans	_____	_____
Car Insurance	_____	_____	Char. M	_____	_____
Lease	_____	_____	Ch. s	_____	_____
Community	_____	_____	Health	_____	_____
Child sup	_____	_____	Life T	_____	_____
Cable/internet	_____	_____	prop. Taxes	_____	_____
TOTAL	_____	_____	TOTAL	_____	_____

INCOME

	YEAR TO DATE	PAST YEAR--LINE 1040 Form
Client's taxable Income:	_____	_____
Spouse's taxable Income:	_____	_____
Other Sources of Income:	_____	_____
TOTAL	\$ _____	\$ _____

Checking Account Balances: \$ _____ Savings Account Balances: \$ _____

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____