

Rutherford County Department of Social Services
P.O. Box 242
Spindale, North Carolina 28160
828-287-6165

Name: _____

Date: _____

FINANCIAL INFORMATION

Assets		Liabilities	
Savings Account (Average Balance)	\$ _____	Home Mortgage Balance	\$ _____
Stocks, Bonds, Savings Certificates, Etc. (Current Value)	\$ _____	Bank Loans Total Balance	\$ _____
Checking Account (Average Balance)	\$ _____	Finance Company Loans Total Balance	\$ _____
Home Equity	\$ _____	Other Loans Total Balance	\$ _____
Other Real Estate (Current Value)	\$ _____	Charge Accounts Total Balance	\$ _____
Vehicles (Current Value)	\$ _____	Other Debts Total Balance	\$ _____
Life Insurance (Total Value)	\$ _____		\$ _____
Other Assets (Total)	\$ _____		\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

Total Assets	\$ _____
Total Liabilities	\$ _____
Balance	\$ _____

Monthly Income	Gross Income	Net Income (After Deductions)	Social Security Number
Applicant	\$ _____	\$ _____	
Applicant	\$ _____	\$ _____	
Other Sources	\$ _____	\$ _____	
Total	\$ _____	\$ _____	

Monthly Expenses

Rent or House Payment	\$
Total Loan Payments (Car, Boat, etc.)	\$
Total Charge Account Payments	\$
Utilities (Electric, Gas, Fuel, Telephone, etc)	\$
Groceries (include cleaning items or other items usually bought at grocery store)	\$
Transportation (Gas, Oil, Repair, Maintenance, Insurance, etc.)	\$
Medical, Dental, Prescription Drugs	\$
Church and Other Charitable Contributions	\$
Cleaning and Laundry	\$
Recreation	\$
Property Taxes (monthly average)	\$
Income Taxes (Omit if deducted from paycheck)	\$
Total Life/Health Insurance (Omit if deducted from paycheck)	\$
Other Expenses	\$
Total Monthly Expenses	\$ _____

Total Monthly Net Income	\$
Total Monthly Expenses	\$
Balance	\$ _____

I affirm that the above financial information is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____