



## Statement of Financial Affairs

Contact Number(s)		
Surname:	Give Name(s)	
Date of Birth:		
Residential Address:		
Telephone: Home:	Work:	Mobile:
Occupation:		
Spouse's Full Name:		
Spouse's Occupation:	Employer:	
Date of Birth:	Number of Dependants:	
Maiden Name:		

Monthly Income	
Your net take home pay	\$
Your other regular income	\$
Spouse's net take home pay	\$
Spouse's other regular income	\$
Social security family payment	\$
Child maintenance	\$
Other income not specified above	\$
<b>Total Monthly Income</b>	<b>\$</b>

Assets	
Home	\$
Other real estate	\$
Home contents	\$
Motor vehicle	\$
Registration number	\$
Cash at bank	\$
Other (please specify)	
	\$
<b>Total Assets</b>	<b>\$</b>

Proposed payment plan
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<b>Expenses</b>	
Mortgage	\$
Rent	\$
Landlord/Agent's Tel No	
Electricity	\$
Gas	\$
Telephone	\$
Rates	\$
School fees	\$
Travel expenses	\$
Food	\$
Insurance (divide yearly amount by 12)	
Home contents	\$
House	\$
Car	\$
Other	\$
Car registration (divide yearly amount by 12)	
Maintenance	\$
Childcare	\$
Other expenses not specified above	
	\$
	\$
	\$
<b>Total Expenses</b>	<b>\$</b>

<b>Liabilities</b>	<b>Arrears</b>	<b>Balance</b>
Car	\$	\$
ChangeFund contract(s)	\$	\$
Credit Cards (please specify)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other liabilities not specified above		
	\$	\$
	\$	\$
	\$	\$
<b>Total Liabilities</b>	<b>\$</b>	<b>\$</b>