

INCOME/EXPENSE STATEMENT
PERSONAL
 (TO BE COMPLETED AS REQUIRED)

NAME: _____ MONTH _____

MONTHLY INCOME

Instructions: List all income and/or monies that you and/or your spouse or significant other received during the month. This personal financial statement is to be submitted by the 5th day of each month with the monthly supervision report and required payment (if applicable), or as directed by your probation officer.

	YOURS	SPOUSE OR SIGNIFICANT OTHER	TOTAL
Gross Salary	\$	\$	\$
Net Salary	\$	\$	\$
Commissions	\$	\$	\$
Pensions	\$	\$	\$
Social Security	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Alimony/Child Support	\$	\$	\$
A.D.C. (Aid for Dependent Children)	\$	\$	\$
Income of Other Dependents	\$	\$	\$
Net Profit from Business	\$	\$	\$
Net Rental Income	\$	\$	\$
Gifts	\$	\$	\$
Loans	\$	\$	\$
Other Cash Assistance, etc.	\$	\$	\$
Other Income (i.e., expense reimbursement, car allowances, etc.)	\$	\$	\$
TOTAL INCOME (Do Not Include Shaded Block Above)			\$
TOTAL MONTHLY EXPENSES (from Page 2)			\$
CASH FLOW (Income Less Expenses)			\$

MONTHLY EXPENSES

Instructions: List all expenses that you and/or your spouse or significant other or dependent (I, J, S, or D*) paid out during the month. If you share expenses with someone else, identify the portion that you paid (i.e., 50%, 100%, etc.). This financial report is to be submitted by the 5th day of each month with the monthly supervision report and required payment, or as directed by your probation officer.

***NOTE: I = INDIVIDUAL J = JOINT S = SPOUSE/SIGNIFICANT OTHER D = DEPENDENT**

I, J, S,D	FIXED EXPENSES			I, J, S,D	NECESSARY FLEXIBLE EXPENSES	
	Mortgage/Rent	\$			Grocery/Household Supplies	\$
	Utilities	\$			Clothing	\$
	Home Telephone	\$			Laundry/Cleaning	\$
	Mobile Telephone	\$			Maintenance/Repairs	
	Water/Sewer	\$			1) Home and Equipment	\$
	Garbage	\$			2) Automobile	\$
	Child Care	\$			3) Other	\$
	Alimony/Child Support	\$			Transportation	\$
	Special Assessments	\$			Medical Costs (medical/dental/drug)	\$
	Restitution	\$			Education	\$
	Fines	\$				
	Cable	\$			INCIDENTAL PERSONAL EXPENSES	
		\$			1)	\$
		\$			2)	\$
	AUTOMOBILE LOANS				3)	\$
	1)	\$			4)	\$
	2)	\$			5)	\$
	3)	\$			6)	\$
	INSTALLMENT/CREDIT CARDS				OTHER (Include all new purchases or liabilities not identified elsewhere on this form.)	
		CURR. BAL.	PAYMENTS			
	1)	\$	\$		1)	\$
	2)	\$	\$		2)	\$
	3)	\$	\$		3)	\$
	4)	\$	\$		4)	\$
	INSURANCE				5)	\$
	1) Automobile	\$			6)	\$
	2) Home	\$				
	3) Medical	\$			TOTAL FLEXIBLE EXPENSES	
	4) Life	\$				\$
	TOTAL FIXED EXPENSES		\$		TOTAL MONTHLY EXPENSES	

Signature: _____

Date: _____