

Financial Statement of Applicant

(Insert the Word "None" Where Applicable to any of the Following Items)

Name:		DOB:	
Address:		Phone:	SSN:
Occupation:		How Long in Present:	
Employer:	Address:		Phone:
Monthly Income:	Other Employers Within Last 3 Years:		
Salary or Wages: \$ _____	Name	Address	Dates of Emp.
Commissions: \$ _____	_____		
Other (state source): \$ _____	_____		
Total: \$ _____	_____		
Name of Spouse:		SSN:	DOB:
Occupation:		How Long in Present:	
Spouse Employer:	Address:		Phone:
Monthly Income of Spouse:	Other Employers Within Last 3 Years (of spouse):		
Salary or Wages: \$ _____	Name	Address	Dates of Emp.
Commissions: \$ _____	_____		
Other (state source): \$ _____	_____		
Total: \$ _____	_____		
Other Dependents: _____ Number		Fixed Monthly Expenses (to nearest dollar):	
Name	Relationship	Age	Rent or House Payment: \$ _____
_____	_____	_____	Utilities: \$ _____
_____	_____	_____	Food: \$ _____
_____	_____	_____	Interest: \$ _____
_____	_____	_____	Insurance: \$ _____
Total Monthly Income of Dependents (except Spouse)		Debt Repayments	
\$ _____		Household Furnishings: \$ _____	
For What Period Did you Last File a Federal Income Tax Return?		Personal Loans \$ _____	
_____		Automobile \$ _____	
Where was Tax Return Filed? _____		Doctors and Dentist \$ _____	
Amount of Gross Income Reported. \$ _____		Other (specify) \$ _____	
		Total Fixed Monthly Expenses \$ _____	
Assets: (Fair Market Value)		Liabilities:	
Cash	\$ _____	Bills Owed (grocery, doctor, lawyer, etc.)	\$ _____
Checking Accounts (show location)	\$ _____	Installment debt (car, furniture, clothing, etc.)	\$ _____
Savings Accounts (show location)	\$ _____	Taxes Owed:	
Cash Surrender Value of Life Insurance	\$ _____	Income	\$ _____
Motor Vehicles:		Other (Itemize) _____	\$ _____
Make	Year	License #	_____
_____	_____	_____	\$ _____
Debts Owed to You (Name of Debtor)	_____	Loans Payable (to banks, finance Companies, etc.)	\$ _____
_____	_____	Judgments you Owe (Held by Whom?)	\$ _____
Stocks, Bonds and Other Securities (Itemize)	_____	_____	\$ _____
_____	_____	Small Business Administration	\$ _____
Household Furniture and goods	\$ _____	Loans on Life Insurance	\$ _____
Items Used in Trade or Business	\$ _____	Mortgages on Real Estate	\$ _____
Other Personal Property (Itemize)	\$ _____	Margin Payable on Securities	\$ _____
_____	_____	Other Debts (Itemize)	\$ _____
Real Estate (Itemize)	_____	_____	\$ _____
_____	_____	_____	\$ _____
Other Assets:	\$ _____	Total Liabilities	\$ _____
		Contingent Liabilities	\$ _____

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Loans Payable:					
Owed To	Date of Loan	Original Amount	Present Balance	Term of Repay	How Secured
Real Estate Owned: (Free & Clear) Address		How Owned (Jointly, Individually, etc.)		Present Market Value	
				\$	
Real Estate Being Purchased on Contract or Mortgage:					
Address					
Date Acquired:			Balance Owed: \$		
Name of Seller or Mortgager:					
Purchase Price: \$			Date Next Cash Payment Due:		
Present Market Value: \$			Amount of Next Cash Payment: \$		
Life Insurance Policies:					
Company		Face Amount	Cash Surrender Value	Outstanding Loans	
List all Real and Personal Property Owned by Spouse and Dependents Valued in Excess of \$200:					
List all Transfers of Property, Including Cash (by Loan, Gift, Sale, Etc.) that you have Made Within the Last 3 Years (List only Transfers of \$300 or Over)					
Property Transferred	To Whom	Date	Amount		
Are you a Co-Maker, Guarantor, or a Party in any Law Suit or Claim Now Pending? __ Yes __ No If Yes, Give Details					
Are you a Trustee, Executor, or Administrator? __ Yes __ No If Yes, Give Details					
Are you a Beneficiary Under a Pending, or Possible, Inheritance or Trust, Pending or Established? __ Yes __ No If Yes, Give Details					
With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government, I certify that all the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name of by another.					
Under the provisions of the Privacy Act, applicants are not required to give their social security numbers. West Virginia Division of Justice and Community Services, however, uses the social security number to distinguish between people with similar to the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law by having the number makes it easier for DJCS to more accurately identify to whom adverse credit information applies and to keep accurate records.					
Signature:				Date:	