

**South Carolina Department of Social Services  
FINANCIAL INFORMATION**

**THIS INFORMATION IS CONFIDENTIAL AND IS FOR AGENCY USE ONLY**

FAMILY'S MONTHLY INCOME

	_____	Name	_____	Name
A. Gross Monthly Income:	\$ _____		\$ _____	
B. Net Monthly Income:	\$ _____		+ \$ _____	
<b>C. Total Net Income:</b>			= \$ _____	

FAMILY'S MONTHLY EXPENSES

1. Rent/Mortgage Payment	\$ _____	12. Medical Bills (Dentist, doctor, e.g.)	\$ _____
2. Second Mortgage	\$ _____	13. Utilities	
3. Food	\$ _____	a. Power	\$ _____
4. Child Care	\$ _____	b. Water	\$ _____
5. Child Support	\$ _____	c. Phone	\$ _____
6. Cable/Satellite	\$ _____	d. Gas	\$ _____
7. Car Payment	\$ _____	14. Other Expenses Not Listed	
8. Car Expenses (Gas, oil, e.g.)	\$ _____	_____	\$ _____
9. Alimony	\$ _____	_____	\$ _____
10. Student Loan	\$ _____	_____	\$ _____
11. Credit Cards	\$ _____	<b>15. Total Monthly Expenses</b>	\$ _____
		(Add numbers 1-14)	

TOTAL NET INCOME (Item C)	\$ _____	Checking Account Balance	\$ _____
MINUS TOTAL MONTHLY EXPENSES (Item 16)	\$ _____	Savings Account Balance	\$ _____
EXCESS MONTHLY INCOME	\$ _____	Other Accounts	\$ _____
		<b>TOTAL BANK/FINANCIAL AMOUNT</b>	<b>\$ _____</b>

1. Have you or your partner ever defaulted on a loan?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you or your partner ever received public assistance funds such as food stamps, TANF or government housing assistance?  Yes  No If yes, please describe type of assistance and when you received:  
\_\_\_\_\_
3. Have you or your partner ever filed for bankruptcy?  Yes  No If yes, please explain circumstances and attach documentation:  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I verify that the information on this financial form is true and correct to the best of my knowledge.

_____ Signature	_____ Date
_____ Signature	_____ Date

