

FINANCIAL EVALUATION

You must have documentation (i.e. proof of payment, receipts) to support **ANY** amount you disclose on your financial review form.

HOW TO PROPERLY COMPLETE YOUR FINANCIAL EVALUATION:

1. If you have a job, provide copies of your pay stubs (at least for 1 month)
2. **If you do not have a job, you must apply for unemployment and show denial or approval letter. To file an unemployment insurance claim you can do the following:**
 - a. Online @ www.edd.ca.gov
 - b. By phone English 1-800-300-5616, Spanish 1-800-326-8937
3. If you work under the table, provide letter from your boss.
4. If you receive cash aid, ss/ssi/ssdi, child support, or worker's compensation, you must provide an award letter with the amount you receive.
5. You must provide documentation of all current monthly income.

MONTHLY EXPENSES:

1. Do you pay rent? If so, provide a rental receipt or rental agreement.
 - a. If you do not pay rent, provide a letter from whomever you stay with along with a contact number for that person stating that they allow you to live there for free or whatever your situation may be.
2. Do you have any bills in your name that you are paying?
 - b. Water & Trash, electricity, gas, phone bill, auto insurance, car payment-provide proof of payment i.e. receipt
 - c. Gasoline receipts
 - d. Food receipts
3. Any other monthly bills that you are making payments on. Bills that you are not paying but currently owe do not count towards your monthly expenses.

**** If someone else is supporting you financially, then the financial evaluation will have to be completed on the individual providing the financial support.**

DO NOT CONSIDER THE FINANCIAL EVALUATION COMPLETE UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED. ONLY THE DOCUMENTS THAT ARE PROVIDED WILL BE COUNTED TOWARD THE FINANCIAL REVIEW.. LETTER FROM PERSON SUPPORTING YOU WILL NOT BE ACCEPTED THEY NEED TO FILL OUT REVIEW.

I have received, read, and understand the above information.

X _____

**FINANCIAL EVALUATION PERSONAL DATA SHEET
(PLEASE PRINT)**

Date ____/____/____

Updated by
Date _____

Case number _____

Case number _____

Client Information

Last _____ First _____ Middle _____

Address _____ Apt # _____ City _____ Zip _____

Drivers License _____ State _____

Social Security Number ____-____-____ Date of Birth ____/____/____

Home Phone Number (____)____-____ Cell Phone Number (____)____-____

Client Employer's Name _____ Work Phone Number (____)____-____

Phone number of friend or relative who does not live with you.

Name _____ Telephone Number (____)____-____

Name of spouse _____

Spouse's Employer Name _____ Work Phone Number (____)____-____

Clients Monthly take home income _____ Job Description _____

Employers City _____ State _____ Length of employment ____ years ____ months

Marital status: ____ Single ____ Married ____ Divorced ____ Separated ____ Widowed

Number of Children _____ Ages _____

Spouse's Monthly Take Home Income \$ _____ Job description _____

Employer's City _____ State _____ Length of Employment ____ Years ____ Months

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. You have my express permission to verify the information furnished.

Signature _____ Date ____/____/____

CURRENT MONTHLY INCOME**MONTHLY EXPENSES**

	Client	Other		
Monthly take home pay	\$ _____	\$ _____	Rent or House Payment	\$ _____
SS, pension, retirement	\$ _____	\$ _____	Water & Trash	\$ _____
AFDC Food stamps, wic	\$ _____	\$ _____	Electricity	\$ _____
Unemployment and/or SSDI	\$ _____	\$ _____	Gas (utility)	\$ _____
Child Support received	\$ _____	\$ _____	Telephone	\$ _____
Worker's Compensation	\$ _____	\$ _____	Cable TV	\$ _____
Rental Income	\$ _____	\$ _____	Auto Insurance	\$ _____
Dividends and Interest Income	\$ _____	\$ _____	Gasoline	\$ _____
Veteran's Benefits	\$ _____	\$ _____	Clothing and Laundry	\$ _____
Other Income	\$ _____	\$ _____	Food (total spent per month including food stamps if applicable)	\$ _____
Other Income	\$ _____	\$ _____		

ASSETS

Cash	\$ _____	Life Insurance	\$ _____	Real estate residence
Cash on Hand	\$ _____	Name of company	_____	Purchase price
Cash in Checking	\$ _____	Face amount of Policy	\$ _____	Purchase date
Cash in Savings	\$ _____	Kind of Insurance	_____	Amount of Mortgage
Total cash	\$ _____	Cash Value	\$ _____	Market Value
				Present Equity

OTHER ASSETS

Stocks, bonds, securities	\$ _____	Household Furnishings	\$ _____	Money owed to me
Other personal property	\$ _____	Other Assets	\$ _____	\$ _____

Total Monthly Income \$ _____ **Total Monthly Expenses** \$ _____

Net Difference \$ _____

I CERTIFY THAT THE FOREGOING IS A COMPLETE AND ACCURATE STATEMENT OF MY FINANCIAL SITUATION AND THAT I HAVE NO OTHER ADDITIONAL INCOME OR ASSETS WHATSOEVER. YOU HAVE MY EXPRESS PERMISSION TO VERIFY THE INFORMATION FURNISHED. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.