

## FINANCIAL REPORT SHEET

Note: This form is to be filled out by an applicant. Please print legibly in black or blue ink.

- I. **INCOME:** Income is a financial return or gain from one's business, labor, or property. It may also be a profit, wage, salary, earning, retirement, payment, etc.
- A. <u>Earned Income</u>: (Civil Service Employment, Gov Guam Employment, Military Earnings, Private Enterprise Income, Self-Employment Income, Property Rental, Commission, Tips, Cash on hand, etc.)
- B. <u>Unearned Income/Other Sources of Support</u>: (Social Security Benefits, Retirement, Child Support, Alimony, Welfare, Food Stamps, WIC, Contribution, etc.)

List the source(s) of and gross income/support of applicant and co-applicant.

Name (Applicant):				Name (Co-Applicant):			
Last Name	First Nam	ne MI	Last	Name	First Name	MI	
Source  1 2 3 4 5 6 7 8 9 10 11 12 13	ce of Income	Amount Monthly	1 2 3 4 5 6 7 8 9 10 11 12 13	Sout	rce of Income	Amount Monthly	
	Sub Total: \$				Sub Total: \$		

II.	ASSETS:	List your	assets	(and	co-applicant's	if applicable)	including t	the name	of	the
finan	cial institut	ion and cu	rrent b	alanc	e.					

	Type of Asset	Applicant	Co-Applicant	Financial	Current
		Joint		Institution	Balance
2	Checking				
3	Savings				
4	TCD/Money				
4					
	Market				
5	Other:				
				Total:	\$
				Total.	Ψ

## III. MONTHLY EXPENSES: List all monthly expenses for applicant and co-applicant.

A. Creditors: Indicate the name of the creditor, remaining balance and monthly payment.

		Name of Creditors	Remaining	Monthly
			Balance	Payment
1	Mortgages			
2	Auto Loans			
3	Personal			
	Loans			
1				1

4	Credit Cards		
5	Other		
			\$ \$
		Total:	

B. LIVING EXPENSES: Indicate monthly expenses, the average monthly payment, and any additional monthly payments.

	Type of Expense	Average Monthly
		Payment
1	Rent	
2	Medical Insurances	
3	Dental Insurances	
4	Home Insurances	
5	Auto Insurances	
6	Life Insurances	
7	Power	
8	Water	
9	Gas	
10	Internet/ Cable & Telephone	
11	Cell Phone	
12	Tuition / Child Care	
13	Groceries	
14	Other	
	Total:	\$

IV. CERTIFICATION: I/WE CERTIFY THAT THE INFORMATION GIVE	EN BY ME/US IN
THIS FINANCIAL REPORT SHEET IS TRUE, CORRECT, AND COMPLET	E TO THE BEST
OF MY/OUR KNOWLEDGE.	
SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT	DATE

