

Name: _____

Date: _____

FINANCIAL RESOURCES ASSESSMENT FORM**ASSETS**

<u>Item</u>	<u>Fair Market Value</u>
Cash on Hand	_____
Checking Account(s)	_____
Savings Account(s)	_____
(Passbook, CDs,	
Money Market)	
Securities (stocks, bonds,	_____
mutual funds)	
Other Investments	_____
(limited partnerships,	
2 nd trust deeds)	
Debts/Loans Owed You	_____
Cash or Other Assets	_____
held for you by others	
Life Insurance Cash Val.	_____
IRA/Keough Plan	_____
Residence	_____
Other Real Estate	_____
Auto #1	_____
Auto #2	_____
Other Vehicles	_____
(boats, plane, cycle)	
Other Assets (itemize)	_____

Total Assets	\$ _____

INCOME

<u>Item</u>	<u>Monthly Income</u>
Your Wage/Salary (net)	_____
Spouse Wage (net)	_____
Child/Spouse Support	_____
Interest/dividends	_____
Rent/royalties	_____
Social Security	_____
Public Benefits	_____
From Family	_____
Other income(itemize)	_____

Total income	\$ _____
Please attach verification (pay check stubs)	

NET WORTH \$ _____**LIABILITIES**

<u>Item</u>	<u>Balance</u>
Mortgage on Residence	_____
Other Mortgage(s)	_____
Loan(s) Outstanding	_____
(Personal, auto, etc.)	
Credit Account(s)	_____
Charge Card(s)	_____
Fines/Restitution	_____
Past Due Debts	_____
Medical/Dental	_____
Attorney Fees	_____
Child/Spouse Support	_____
Other	_____
Total Liabilities	\$ _____
Please attach verification	

EXPENDITURES

<u>Item</u>	<u>Monthly</u>
Rent/Mortgage	_____
Other Mortgage(s)	_____
Property Taxes	_____
Insurance (life	_____
auto, home, health)	
Loan Payments	_____
Credit Account(s)	_____
Charge Card(s)	_____
Medical/Dental	_____
Attorney Fees	_____
Child/Spouse Support	_____
Food	_____
Transportation	_____
Utilities	_____
Clothing	_____
Cable TV	_____
Telephone/Cell phone	_____
Misc./Other	_____
Total Expenditures	\$ _____
Please attach verification	

Do you have health insurance? Y/N
 Name of Carrier/Policy _____

Are you covered by someone else's insurance? Y/N
 Name of Carrier/Policy _____

Do you qualify/receive QUEST? Y/N

Do you receive public assistance? Y/N

(SSI, Disability)

Case Worker Name/Phone _____