



1 Food \$ \_\_\_\_\_  
 2 Clothing \$ \_\_\_\_\_  
 3 Transportation \$ \_\_\_\_\_  
 4 Medical Expenses \$ \_\_\_\_\_  
 5 Laundry, cleaning and  
 6  
 7 personal requirements \$ \_\_\_\_\_  
 8 Total installment payments \$ \_\_\_\_\_  
 9  
 10 TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_  
 11

12 INCOME AND ASSETS

14  
 15 Total monthly income from all sources: \$ \_\_\_\_\_  
 16  
 17 Assets: \$ \_\_\_\_\_  
 18  
 19 Savings: \$ \_\_\_\_\_  
 20

21  
 22 \_\_\_\_\_  
 Signature

23  
 24 \_\_\_\_\_  
 Print or Type Name

25  
 26 SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_,  
 27 \_\_\_\_\_.  
 28

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NOTARY PUBLIC FOR OREGON/COURT CLERK

My Commission expires: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Telephone Number(s)