



# CONFIDENTIAL FINANCIAL DECLARATION

You must completely fill in all the information or your request will not be considered.

**NAME (please type or print):**

## HOUSEHOLD

List the people living with you and their current ages:

Name	Age	Relationship	If person is a child, do you have legal custody per court order? If so, attach a copy of the court order.
1.			
2.			
3.			
4.			
5.			
6.			
<input type="checkbox"/> Check here if more than six (6) people live in your household. You must attach a list with the names, ages, relationship and any court order regarding legal custody.			

**Please check all that you receive:**

- Food Stamps – California Food Assistance Program, CalFresh Program
- Supplemental Security Income
- SSP – State Supplemental Payment
- County Relief/General Assistance – County Relief, General Relief (GR) or General Assistance (GA)
- IHSS – In-Home Supportive Services
- Medi-Cal
- CalWORKS – California Work Opportunity and Responsibility to Kids Act
- Tribal TANF - Tribal Temporary Assistance for Needy Families
- CAPI - Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants

**MONTHLY INCOME**

List the monthly income and source plus proof of income for yourself and all the people over the age of 18 that you are living with. Proof must be attached.

Name	Wage/ Salary Income	Child Support Received from another	Spousal Support Received from another	Social Security Income	Retirement Income	Un- employment	Disability	Child Support Paid by you	Spousal Support Paid by you to another
1. Yourself	\$	\$	\$	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$

**How much do you pay for Housing?**

Renting      Buying      Amount of monthly payment: \$

Amount of monthly payment that you contribute: \$

**MOTOR VEHICLES**

(include motorcycles, boats, motor homes, trailers, etc. of all people living with you)

Make/Year	Monthly payment (if applicable)
1.	\$
2.	\$
3.	\$

**OTHER EXPENSES**

If there are other expenses you want the court to consider, please list and **attach proof**.

1.
2.
3.
4.

**ASSETS**

<b>IMPORTANT:</b> Each of the questions about assets must be answered. If the answer is \$0.00 then indicate as such. Do not leave any of the lines blank.	Checking Account Balance	\$	Equity in property you own	\$
	Savings Account Balance	\$	Other Assets	\$
	Money owed to you	\$	Trust	\$
	<b>Totals</b>	<b>\$</b>		

**FUTURE FINANCIAL POSITION**

If you are unemployed, what is the likelihood that you shall be able to obtain employment within the next six-month period? Please provide all information regarding your efforts to obtain employment, and any pending job applications including potential wage or salary.

Do you expect to receive any money or assets within the next six months? If so, please explain, including any bequests or inheritance that you may receive.

I declare under the penalty of perjury under the laws of the State of California that the information I have provided on this form, and in all attachments, is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Type or Print name: \_\_\_\_\_