

ACER

Addiction Counseling & Educational Resources

FINANCIAL STATEMENT

Client name _____ Date _____

Guarantor name _____

Address _____

Street

City

State

Zip

GROSS FAMILY INCOME

Gross Salary/Wages, all members	\$ _____	
AFDC, SSI	\$ _____	
Social Security/Retirement	\$ _____	
Disability	\$ _____	
Other: (child support, alimony, etc)	\$ _____	
Total Gross Family Income		\$ _____

LESS TAXES

Federal Income Tax	\$ _____	
State Income Tax	\$ _____	
Social Security, Retirement, Medicare	\$ _____	
Total Net Family Income		\$ _____

LESS HOUSEHOLD EXPENSES

First & Second Mortgage(s)/Rent	\$ _____	
Electricity, Heat, Water & Sewer	\$ _____	
Home maintenance	\$ _____	
Telephone	\$ _____	
Food	\$ _____	
Clothing, cleaning, laundry	\$ _____	
Transportation (gas, oil, small repairs)	\$ _____	
Auto Insurance	\$ _____	
Medical/Dental (premiums, bills not covered)	\$ _____	
Life Insurance	\$ _____	
Education, tuition, books	\$ _____	
Installments (itemized below)	\$ _____	
Alimony, child support	\$ _____	
Other:	\$ _____	
Total Household Expenses		\$ _____

FUNDS AVAILABLE TO PAY BALANCE \$ _____

INSTALLMENTS

<u>To whom paid</u>	<u>Date opened</u>	<u>Purpose</u>	<u>Balance</u>	<u>Monthly Payment</u>
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Total Installments \$ _____