**FORM 1**

**INCOME AND EXPENSE STATEMENT OF**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number**

1. **INCOME**

A. Name and address of employer

Gross Wages, Salary and Commission per Pay Period.

$\_\_\_\_\_\_\_\_\_\_\_\_\_

PAY PERIOD: \_\_\_\_\_\_\_Weekly \_\_\_\_\_\_\_Bi-Weekly \_\_\_\_\_\_\_Semi-Monthly \_\_\_\_\_\_\_Monthly

B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, commissions and all other sources (give monthly average and list sources of income):

$\_\_\_\_\_\_\_\_\_\_\_

**Average Monthly Gross Total** (Wages, Salary, Commission & Additional Income) $\_\_\_\_\_\_\_\_\_\_\_

C. Your share of the gross income on last year’s Federal Income Tax Return: $\_\_\_\_\_\_\_\_\_\_\_

2. Actual or estimates expenses required to maintain previous standard of living stated on a MONTHLY average: (If estimated, designate by adding AE@ behind the amount)

A. Rent or mortgage payments $\_\_\_\_\_\_\_\_\_\_

B. Utilities

1. Gas $\_\_\_\_\_\_\_\_\_\_

2. Water $\_\_\_\_\_\_\_\_\_\_

3. Electricity $\_\_\_\_\_\_\_\_\_\_

4. Telephone $\_\_\_\_\_\_\_\_\_\_

5. Trash Service $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_

C. Automobiles

1. Gas and Oil $\_\_\_\_\_\_\_\_\_\_

2. Maintenance (routine) $\_\_\_\_\_\_\_\_\_\_

3. Taxes and Licenses $\_\_\_\_\_\_\_\_\_\_

4. Payment on Auto Loan $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_

D. Insurance

1. Life $\_\_\_\_\_\_\_\_\_\_

2. Health and Accident $\_\_\_\_\_\_\_\_\_\_

3. Disability $\_\_\_\_\_\_\_\_\_\_

4. Homeowners $\_\_\_\_\_\_\_\_\_\_

5. Automobile $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_

E. Total payment on Installment Contracts $\_\_\_\_\_\_\_\_\_\_

F. Child Support Paid to Others for Children not in your Custody $\_\_\_\_\_\_\_\_\_\_

G. Maintenance or Alimony $\_\_\_\_\_\_\_\_\_\_

H. Church and Charitable Contributions $\_\_\_\_\_\_\_\_\_\_

I. Other Living Expenses $\_\_\_\_\_\_\_\_\_\_

For For

You Children

1. Food $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

2. Clothing $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

3. Medical Care $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

4. Prescription Drugs $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

5. Dental Care $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

6. Recreation $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

7. Laundry and Cleaning $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

8. Barber Shop $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

9. Beauty Shop $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

10. School and Books $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

11. Extracurricular activities $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_

J. Day Care or Babysitter (Name and address of day care provider or babysitter and amount)

$\_\_\_\_\_\_\_\_\_\_

K. All other expenses not presently identified

(give as a Monthly average)

1. Sundries $\_\_\_\_\_\_\_\_\_\_

2. Reading material & TV $\_\_\_\_\_\_\_\_\_\_

3. Gifts $\_\_\_\_\_\_\_\_\_\_

4. Home Maintenance $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_

TOTAL AVERAGE MONTHLY EXPENSES $\_\_\_\_\_\_\_\_\_\_

STATE OF MISSOURI )

)ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Comes now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“Affiant”) being duly sworn on

oath states that Affiant has read the forgoing State of Income and Expenses, and the answers given therein are true to the best of the Affiant’s knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

Subscribed and sworn to before me on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires: