

Name: _____ Case Number(s): _____

Financial Declaration			
1. Household: Including me, the following number of people live in my home:			
<input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
2. Education: Highest grade I completed or degree I achieved:			
3. My Income		7. My Monthly Household Expenses:	
<input type="checkbox"/> Unemployed Last date worked: _____ Reason(s) not working: _____		Rent/Mortgage: _____	\$ _____
<input type="checkbox"/> Employed How long? _____ Employer Name: _____ Monthly income after taxes: _____ \$ _____		Food/Household Supplies: _____	\$ _____
4. Other Sources of Household Income Per Month		Utilities: _____	\$ _____
Source _____	\$ _____	Transportation: _____	\$ _____
Source _____	\$ _____	Ordered Maintenance actually paid: _____	\$ _____
Source _____	\$ _____	Ordered Child Support actually paid: _____	\$ _____
5. Total Income (Section 3 and 4)		Clothing _____	\$ _____
6. Household Assets		Child Care: _____	\$ _____
Cash on hand _____	\$ _____	Education Expenses: _____	\$ _____
Checking Account Balance _____	\$ _____	Insurance (car, health): _____	\$ _____
Savings Account Balance _____	\$ _____	Medical Expenses: _____	\$ _____
Auto #1 (Value less loan) _____	\$ _____	Other: _____	\$ _____
Auto #2 (Value less loan) _____	\$ _____	Other: _____	\$ _____
Home (Value less mortgage) _____	\$ _____	Total Monthly Expenses _____	\$ _____
Other: _____	\$ _____	8. My Other Debts with Monthly Payments	
Total Household Assets		_____	\$ _____
\$ _____		Total Other Debts _____	\$ _____
Total Monthly Expenses		Total Monthly Expenses	
\$ _____		\$ _____	
I Receive the Following Needs Based Benefits:			
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> State assistance as unemployable (GA-U or GA-X);	
<input type="checkbox"/> Federal Supplemental Security Income (SSI)		<input type="checkbox"/> Federal poverty-related veteran's benefits; or	
<input type="checkbox"/> Food Stamp Program (FSP)		<input type="checkbox"/> Aged, blind, or disabled assistance benefits,	
<input type="checkbox"/> Medicaid / Medical services under RCW 74.09.035		<input type="checkbox"/> Pregnant women assistance benefits,	
<input type="checkbox"/> Refugee resettlement benefits		<input type="checkbox"/> Other: _____	
I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. I understand that the Court may require me to provide documentation proving the above assertions.			
Dated _____		Signed at _____	
		City	State
Declarant's Printed Name _____		Signature _____	