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- a. Rent/Mortgage: \$ _____
- b. Phone, gas, electricity and other utilities: \$ _____
- c. Food: \$ _____
- d. Child Care and/or Child Support paid to someone else: \$ _____
- e. Insurance: \$ _____
- f. Medical: \$ _____
- g. Transportation \$ _____
- h. Other expenses (explain): _____ \$ _____

TOTAL MONTHLY EXPENSES..... \$ _____

4. My assets are as follows:

- a. Automobile(s): _____ \$ _____
(Year, make, and model) (Market price less loan balance)

- b. Home, mobile home or other real estate: _____ \$ _____
(Size, type and year of home) (Market price less loan balance)

- c. Bank Account(s): _____ \$ _____
(Name of bank and account type) (Account Balance)

- d. Other Assets (explain): _____ \$ _____
(Value)

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

(date) (type or print name)

signature)

EACH LINE ON THIS FORM MUST BE COMPLETED. IF A PARTICULAR ITEM DOES NOT APPLY, WRITE "0" OR "N/A."

