

Please fill out the Financial Statement on this flyer and have it ready when you come into apply for the program.

For Relicensing Use Only

Tier _____

Payments _____

Jurisdictions _____

THE RELICENSING PROJECT
FINANCIAL STATEMENT

Offender Data:

Name: _____
Last Name First MI

Mailing Address _____
Street / PO Box City State Zip

Marital Status: Single Married Widow Divorced Separated

Persons whom you financially support: Spouse Children / Number of Children _____

Are you presently employed? Yes No Occupation: _____

Length of employment: _____ Employer Name: _____

Is spouse employed? Yes No Occupation: _____

Length of employment: _____ Employer Name: _____

INCOME / EXPENSES

Income

Net monthly income (you): _____
Net monthly income (spouse): _____
Child Support (receiving): _____
Alimony: _____
State Assistance: _____
Other income: _____
(Native American Per Capita)

Expenses

Rent: _____
Food (groceries): _____
Household Items: _____
Gas / Electricity: _____
Water/Sewer/Garbage: _____
Telephone/ Cell: _____
Transportation: _____
Child Care: _____
Eating Out: _____
School Supplies: _____
Movies/Rentals: _____
Clothing: _____
Cable: _____
Child Support _____
LFO's _____
Medicine _____
Doctor/Hospital _____
Child Support _____

Installment Payments:

Rent to Own _____
Payday Loans _____

