

Financial Statement 1

For those who are considered as dependents per IRS

Must be completed by parents with specific figures. All information is confidential

1. Applicant's Name: _____

Address: _____

Employer: _____ Position held: _____

Employer's address: _____

2. Father's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Position held: _____

Employer's address: _____

3. Mother's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Position held: _____

Employer's address: _____

4. Please List all your dependent children (name, age, relationship to parent)

5. Annual Income:

Salary before tax: _____ Other income: _____ Gross income: _____

6. Total Savings (bank accounts): _____

7. Total amount debt (education, house, car, and credit card): _____

8. Please identify the reasons why it will be difficult to financially support your child:

Date

Signature of Parent