

Financial Statement 2

For those who are married and independent of parental support per IRS

Must be completed by applicant or spouse with specific figures. All information is confidential.

1. Applicant's Name: _____

Address: _____

Employer: _____ Position held: _____

Employer's address: _____

2. Spouse's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Position held: _____

Employer's address: _____

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

4. Annual Income:

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

5. Total Savings (bank accounts): _____

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

7. Please identify the reasons why it will be difficult for you to be financially supported by your family or spouse (i.e. help from them to pay for your education or help pay off your loans):

Date

Signature of Applicant or Spouse