

Settlement Financial Statement

My settlement offer: \$ _____

CSSD Case Number: _____

Full Name: _____ SSN: _____ Date of Birth: _____

Current Address: _____ How Long? _____

Do you rent? ___ Yes, ___ No

Do you own your home? ___ Yes, ___ No

If financed, with whom? _____

Telephone: Home: _____ Work: _____

If less than five years, provide previous 2 addresses:

Have you been incarcerated for more than one year? ___ Yes, ___ No

Driver's License:

Number: _____

State Issued: _____

Expiration Date: _____

Current Employer: _____ How long? _____

_____ Gross Earnings: _____

If employed less than 2 years, previous 2 employers:

_____ How long? _____

_____ Phone # _____

_____ How long? _____

_____ Phone # _____

Do you have any other source of income? ___ Yes, ___ No

If yes, what is the source: _____ How much? _____

1. **Household members** (People living with you) If there are more than 4, use the back of the form to list additional members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Your Household Income:**

- | | Yours | Other |
|----------------------------|----------|----------|
| a. Current Monthly Income: | | |
| Wages: | \$ _____ | \$ _____ |
| Social Security: | \$ _____ | \$ _____ |
| Public Assistance: | \$ _____ | \$ _____ |
| Unemployment: | \$ _____ | \$ _____ |
| Other (specify) _____ | \$ _____ | \$ _____ |
| _____ | | |
| Total Monthly Income: | \$ _____ | \$ _____ |
- b. Please provide the following:
 (1). Your last years tax return
 (2). Your last 2 months of pay stubs
- c. Permanent Fund Dividends received in last 12 months \$ _____ \$ _____
- d. ANCSA or other corporate dividends received in last 12 months \$ _____
 Source of dividends: _____

- e. Total household Income during last 12 months: \$ _____
- f. Do you expect to receive other income within the next 6 months (gifts, Settlements, dividends or inheritances)? ___ Yes, ___ No
- g. Do you have a business license? ___ Yes, ___ No
 Name of business if yes: _____

3. Monthly Household Expenses:

<u>Expenses</u>	<u>Amount</u>
Food	\$ _____
Housing: Rent/Mortgage	\$ _____
Utilities: Gas, Elec., Water	\$ _____
Garbage, Telephone	\$ _____
Transportation (gas/bus)	\$ _____
Car Payment	\$ _____
Through who: _____	

Insurance	\$ _____
Child Support/Alimony	\$ _____
List Loans & Credit Card	\$ _____
Debts: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Medical (not covered by ins)	\$ _____
Childcare	\$ _____
<u>Miscellaneous Expenses</u>	
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (newspaper)	\$ _____
Entertainment	\$ _____
Alcohol/Tobacco	\$ _____
 Total	 \$ _____

Acct # _____

4. Cash and Assets: (Things you own or are buying) include all things you own by yourself and all things you own jointly with someone else.

	<u>Value</u>
Cash	\$ _____

	<u>Balance</u>
Bank Acct./Checking	\$ _____
Bank Acct./Savings	\$ _____

Bank Name: _____

Bank Name: _____

5. **Credit Cards.** List all your credit cards.

<u>Type of Card & Institution Through</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Minimum Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

6. **Credit Cards** (Cont.)

<u>Type of Card & Institution Through</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Minimum Payment</u>
_____	\$ _____	\$ _____	\$ _____

I have completed this form to the best of my ability. I understand failure to disclose information could result in termination from the program.

_____ Date

_____ Printed Name

_____ Signature