

## Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled “Month 1.” If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month)	Month 2 (last month)	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income b. Expenses c. Net Income							
Rent and other real property income: a. Gross Income b. Expenses c. Net Income							
Interest, dividends, and royalties.							
Pension and retirement income (Not Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security Income.							
Other Sources not already mentioned. (e.g. child support, spousal support, other).							

## Estimated Monthly Expenses

Rent or Mortgage payment Property taxes included? <input type="checkbox"/> YES <input type="checkbox"/> NO Insurance included? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>UTILITIES</b> Electricity and Heating fuel	
Water & Sewer & Trash Pickup	
Telephone	
Cable	
Cell phone / Pager	
Internet access	
Home Maintenance	
Food	
Clothing	
Laundry and Dry Cleaning	
<b>MEDICAL/DENTAL/EYE DOCTORS</b> Office visits \$ _____ RX, over-the-counter medicine \$ _____ Contacts/Supplies/Glasses \$ _____ Ded \$ _____ Dental \$ _____	
<b>TRANSPORTATION</b> Gasoline \$ _____ Vehicle maintenance, repairs \$ _____ Parking \$ _____	
Recreation and entertainment	
Charitable Contributions	
<b>INSURANCE</b> Homeowner's/Renter's Insurance Health insurance not deducted from paycheck Car insurance Life insurance	
Taxes (SPECIFY TYPE: _____)	
<b>VEHICLE PAYMENTS</b> Vehicle #1 Vehicle #2 Vehicle #3	
Other installment payments/reaffirmations	
Alimony, maintenance and support paid	
Expenses for operation of a business	
Haircuts \$ _____ Postage \$ _____	
Pet expenses	
Cigarettes	
Child care expenses, including babysitting	
Student loans	
Books, school supplies, and school activity fees	
<b>TOTAL:</b>	

## **CHILD SUPPORT INFORMATION**

Please supply the contact name and telephone number for the ex-spouse receiving support:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Complete name and mailing address for government agency support is sent:

County Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



**REQUIRED DOCUMENTS CHECKLIST**

**Please bring the following items that have been checked to your next appointment:**

- Your picture ID (driver's license, military ID or Indiana identification car, passport)
- Your social security card
- PHOTOCOPIES** of your past 2 years tax returns with attachments (W-2's).
- Proof of all income for last 6 months including food stamps, unemployment, child support, Social Security, retirement income, pension, etc. For both spouses even if only 1 spouse is filing. (see form 1 for help)
- If you are currently paying child support, or have a child support order which you are SUPPOSED to be paying, provide the names and addresses of the person who receives child support where the child support payments are sent and a copy of the child support order. (see form 2 for help)
- If you have been divorced in the last 4 years, provide a copy of your divorce decree and property settlement documents.
- Copies of all lawsuits, this means any suits where someone is suing you or you are suing someone else.
- Completed monthly budget form. (see form 3 for help)
- Proof of private school tuition/education/expenses (just bring a copy of the bill for us to verify this monthly bill).
- Creditor listing sheets (see form 4 for help)
- All addresses for past 3 years (see form 5 for help)
- Other
  - \$\$ \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_