

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 _____

Date of Birth _____ PHONE NUMBER _____

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 _____
 Storage _____

Installment Payments:

Rent to Own _____
 Payday Loans _____

