



# Statement of Financial Condition

Please print or type.

Account No. \_\_\_\_\_

<b>NAME</b>	Name		SS No.	Birth date
	Spouse		SS No.	Birth date
	Address		City, State, Zip	Phone No.
	No. of Dependents	Names and Ages		

<b>EMPLOYER</b>	Employer	How Long?	Position
	Address	City, State, Zip	Phone No.
	Paydays	Gross Pay	Net Pay
	Spouse's Employer	How Long?	Position
	Address	City, State, Zip	Phone No.
	Paydays	Gross Pay	Net Pay

<b>AUTO</b>	Year	Make	Model	License Plate #	Value	Indebtedness

<b>REAL ESTATE</b>	Property Address	Years Owned	Value	Purchase Price	Indebtedness	Unpaid Taxes

<b>BANK INFORMATION</b>	Type of Account	Finance Institute	Address	Account No.	Balance
	Checking				
	Checking				
	Savings				
	Savings				
	IRA				
	401K				
	Deferred Comp				
	Stocks & Bonds				
	Brokerage Accounts				
Other					

ASSETS	Item	Value	Item	Value
	Boat, Motor, Trailer		Motorcycle/Quadrunner	
	Recreational Vehicle		Snowmobile	
	Tractor(s)		Home Furnishings	
	Other		Other	
	Life Insurance (cash value)		Life Insurance (cash value)	

INSTALLMENTS		To Whom Paid	Payment	Balance	Credit Line
	House Payment/Rent				
	Auto Loan				
	Auto Loan				
	Federal Tax	Internal Revenue Service (IRS)			
	MC/VISA				
	MC/Visa				
	Credit Card				
	Child Support/Alimony	(County)			
	Bank Loan				
	Other				
Total Installments					

INCOME		Source	Monthly Income	Monthly Income Analysis	
	Wages (include 2 recent stubs)			Total Income	
	Spouse Wages (include 2 recent stubs)			MINUS:	
	Rents/Contracts			Installment Payments	
	Social Security			Groceries	
	Pensions			Utilities	
	Part-time Job			Insurance	
	Alimony			Car Expense	
	Public Assistance			Daycare	
	Child Support			Medical	
	Other			Other (specify)	
	<b>TOTAL</b>			<b>NET DIFFERENCE</b>	

**OTHER:** Attach a separate sheet of paper for any other information, such as expected changes in income, expenses, health, etc., or for any of the items shown above for which there was insufficient room. Attach a separate sheet showing assets transferred/sold/disposed of in the last 24 months or since the liability was incurred, whichever is longer.

**IF REQUESTED,** attach a refusal from your bank, savings and loan, credit union, finance company for a loan of the outstanding balance of your liability.

**SELF-EMPLOYED:** Attach a copy of Schedule C or income and expense reports for the last two years and a copy of the balance sheet for the business.

Under penalty of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete. I also authorize the Iowa Department of Revenue to verify any information shown on this statement.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date  
96-029b (5/3/07)