

# FINANCIAL INFORMATION

Residents Full Legal Name: \_\_\_\_\_

Do you have any assets? YES NO

If yes, what? \_\_\_\_\_

Savings account? YES NO

If yes, where? \_\_\_\_\_

Checking account? YES NO

If yes, where? \_\_\_\_\_

Do you pay child support? YES NO

How Much? \_\_\_\_\_ How often? \_\_\_\_\_

Do you need to inquire about child support? YES NO

If yes, County \_\_\_\_\_ State \_\_\_\_\_

Do you have any outstanding debt? YES NO

If yes, please explain \_\_\_\_\_

Do you have life insurance? YES NO

If yes, through who? \_\_\_\_\_

Residents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Freedom House Representative \_\_\_\_\_

Date: \_\_\_\_\_