



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
194 Hernan Cortez Avenue, Suite 309
Hagatna, Guam 96910-5052
Telephone No: (671) 475-2653/2672



FINANCIAL REPORT SHEET

Note: This form is to be filled out by an applicant/petitioner/party. Please type or print legibly in black or blue ink.

- I. **INCOME:** Income is a financial return or gain from one's business, labor, or property. It may also be a profit, wage, salary, earning, retirement, payment, etc.
- A. **Earned Income** (examples: Civil Service (Federal) Employment, Government of Guam Employment, Military Earnings, Private Enterprise Income, Self-Employment Income, Property Rental, Commission, Tips, Cash on Hand, etc).
- B. **Unearned Income/Other Sources of Support:** (examples: Social Security Benefits, Retirement, Child Support, Alimony, Welfare, Food Stamps, WIC, Contribution from Persons, etc).

List the source(s) of and monthly gross income/support (and co-applicant's if applicable).

Name (Applicant): _____ (Last Name) (First Name) MI			Name (Co-applicant): _____ (Last Name) (First Name) MI		
	Source(s) of Income	Amount Monthly		Source(s) of Income	Amount Monthly
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
	Sub Total:			Sub Total:	\$
				Total:	\$

II. ASSETS: List your assets (and co-applicant's if applicable) including the name of financial institution and the current balance. If other, please specify.

	Type of Asset	Applicant	Co-applicant	Joint	Name of Financial Institution	Current Balance
1	Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	TCD/Money Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					Total:	\$

III. MONTHLY EXPENSES: List your monthly expenses (and co-applicant's if applicable).

A. CREDITORS: Indicate the name of the creditor, remaining balance and monthly payment. If other, please specify.

		Name of Creditors	Remaining Balance	Monthly Payment
1	Mortgages			
2	Auto Loans			
3	Personal Loans			
4	Credit Cards ex. Master, Visa, American Express, Department Store Card, Gas Card, etc.			
5	Other: Life Insurance			
Total:			\$	\$

B. LIVING EXPENSES: *Indicate the monthly expenses and the average monthly payment. If other, please specify.*

	Type of Expense	Average Monthly Payment
1	Rent	
2	Medical Insurances	
3	Dental Insurances	
4	Home Insurances	
5	Auto Insurances	
6	Life Insurances	
7	Power	
8	Water	
9	Gas	
10	Internet/Cable& telephone	
11	Cell phone	
12	Tipping Fee	
13	Tuition/Child Care	
14	Groceries	
15	Other (<i>Please specify</i>)	
	Total:	

IV. CERTIFICATION: I / WE CERTIFY THAT THE INFORMATION GIVEN BY ME / US IN THIS FINANCIAL REPORT SHEET IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY / OUR KNOWLEDGE.

Signature (Applicant)

Date

Signature (Co-applicant)

Date