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	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		
2	Savings	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		
3	TCD/Money Market	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		
4	Other:	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐		
					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:			
		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	Telephone/Cell Phone	
10	Internet	
11	Cable	
12	Tipping Fee	
13	Tuition/Child Care	
14	Groceries	
15	Other *(Please specify)*	
	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**