

# FINANCIAL STATEMENT

**\*\*\*\*Documentation of income and expenses for a one-month period must accompany this request.\*\*\*\***  
**Please direct questions to Repayment Services at (919)549-8614 or (800) 700-1775, option # 2 .**

Name \_\_\_\_\_ SEAA ID# \_\_\_\_\_  
 Address \_\_\_\_\_ Home Telephone# (    ) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Amount of Take Home Pay \$ \_\_\_\_\_ Paid: (    ) Weekly (    ) Monthly (    ) Bi-Weekly \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_  
 Amount of Take Home Pay \$ \_\_\_\_\_ Paid: (    ) Weekly (    ) Monthly (    ) Bi-Weekly \_\_\_\_\_

Number of Dependents (other than self and spouse): \$ \_\_\_\_\_  
 All other income (including alimony, child support): \$ \_\_\_\_\_  
**Total Monthly Income: \$ \_\_\_\_\_**

**Assets:**

Savings \$ _____	Checking \$ _____	Stocks \$ _____
Bonds \$ _____	Real Estate \$ _____	Other \$ _____
Auto(s) _____	Make _____ Model _____	Year _____
	Make _____ Model _____	Year _____

**Living Expenses:**

**Creditor and Amount of the Loan**

**Monthly Amount**

Rent _____	_____	_____
Mortgage _____	_____	_____
Utilities (electricity, heat, phone) _____	_____	_____
Food and Clothing _____	_____	_____
Transportation (repair and gas) _____	_____	_____
Auto Payment _____	_____	_____
Auto Payment _____	_____	_____
Child Care _____	_____	_____
Alimony/Child Support _____	_____	_____
Other(including credit/charge cards, please list all _____	_____	_____
_____	_____	_____
_____	_____	_____
Educational Loans _____	_____	_____
_____	_____	_____
Miscellaneous (identify) _____	_____	_____
_____	_____	_____

**Total Monthly Expenses:**

**If unemployed, please complete this section:**

Previous Employer _____	Last Date Employed _____
Date you plan to return to work _____	Location and date filed with Employment _____
Financial Assistance you are currently receiving: \$ _____	Security Commission _____

**Monthly Payment you can send SEAA \$ \_\_\_\_\_**

***With my signature, I attest to the accuracy of the above information, to the best of my knowledge.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO: SEAA. PO BOX 14223, RESEARCH TRIANGLE PARK, NC 27709**