

**CONSUMER AND SPOUSE INFORMATION**

|  |       |  |  |
|--|-------|--|--|
| Consumer's full name   |       | Birthdate  | Social Security Number   |
| Consumer's spouse full name  |       | Birthdate  | Social Security Number   |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |       |  |  |
| Mailing Address  |       | Street Address <input type="checkbox"/> Mark if Same | Main Contact Number(s):   Cell Home Work   |
| _____  |       | _____  | _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| _____  |       | _____  | _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| City   | State | Zip  | Email Address: _____   |
| _____  | _____ | _____  | _____  |

**EMPLOYMENT**

| Person Employed | Employer | Employer Phone No. | Monthly Net |
|-----------------|----------|--------------------|-------------|
|                 |          |                    | \$          |
|                 |          |                    | \$          |
|                 |          |                    | \$          |

**MONTHLY HOUSEHOLD INCOME FROM OTHER SOURCES**

| Source   | Monthly   |
|--|-----------|
| Child Support / Alimony  | \$        |
| Federal Assistance Program<br>Type _____ (ie Cash, Food Stamps, etc.)      | \$        |
| Pension / IRA / Annuity Cashout  | \$        |
| Social Security / social Security Disability                               | \$        |
| Unemployment or Worker's Comp<br>(Start Date: mm/dd/yy End Date: mm/dd/yy) | \$        |
| Other Income (Stocks/Bonds/Annuities/Interest/Rental Property)             | \$        |
| <b>Total Monthly Gross Income from Other Sources</b>                       | <b>\$</b> |

**ASSET INFORMATION**

|   |    |
|---|----|
| Current Checking Account balance  | \$ |
| Current Savings Account balance   | \$ |
| Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as financial hardship, seasonal or temporary income, or personal loss. |    |

**HOUSEHOLD MEMBERS**

| NAME | DATE OF BIRTH | RELATIONSHIP TO CONSUMER |
|------|---------------|--------------------------|
|      |               |                          |
|      |               |                          |
|      |               |                          |
|      |               |                          |
|      |               |                          |
|      |               |                          |

**PERSONAL REFERENCE**

| Name | Address | Phone Number |
|------|---------|--------------|
|      |         |              |
|      |         |              |

**MONTHLY HOUSEHOLD LIABILITIES/EXPENSES**

| Type of Expense   | Total Monthly: |
|---|----------------|
| Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent – Landlord name: _____  | \$             |
| Grocery Expense   | \$             |
| Child Care  | \$             |
| Child Support / Alimony   | \$             |
| Utilities: Gas _____ Electric _____<br>Water / Sewer _____ Other _____  | \$             |
| Telephone: (Mobile/Cell/Home/etc.)  | \$             |
| Medication Expenses (co-pay / cash pay, etc.)   | \$             |
| Unpaid Medical Expenses (I.e. Doctor, dental, hospital, other providers). Please provide a detailed list with copies of most recent bills if available. | \$             |
| Insurance Premiums: Health _____<br>Auto _____ Home _____   | \$             |
| Car Loan Payments Balance Owed \$   | \$             |
| Transportation (Bus, Taxi)  | \$             |
| Loan Payment Type: _____ Balance: _____   | \$             |
| Credit Card Payment(s)  | \$             |
| Total Balance(s) Owed:  |                |

**ADDITIONAL INFORMATION**

You will need to supply verification of income from your employer or other sources for the last 90 days. (Copy of paystubs and bank statements. You will also need to provide receipts showing your expenses.

Documentation included:  Paystubs  Bank Statements  Receipts  Copies of medical bills  Other documents

**AGREEMENT**

To the best of my/our knowledge all information supplied to Western Mercantile Agency, Inc. is correct. Upon acceptance of this financial statement we will be required to make monthly payments.

|                    |      |
|--------------------|------|
| Consumer Signature | Date |
| Spouse Signature   | Date |

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.