

# COUNTY OF SANTA BARBARA FINANCIAL DECLARATION

PLEASE DO NOT LEAVE YELLOW AREAS BLANK - THANK YOU - THIS FORM CAN NOT BE COMPLETED WITHOUT YOUR INFORMATION

Full name (please print)		Date of Birth:	Social Security No:	
Address:	Street	City	State	Zip
Cell Phone #		Work phone#		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law				
# of Dependents	Relationship and age:			
Are you unemployed? If yes, tell us why:		<b>IF YOUR SPOUSE OR FAMILY HELPS YOU FINANCIALLY, YOU NEED TO ASK THEM TO HELP YOU PAY YOUR FEES.</b>		
Are you seeking employment now? If no, tell us why:				
Employer:				
Take home pay per month	\$			
Provide recent stubs to <a href="mailto:amsbip@gmail.com">amsbip@gmail.com</a>		<b>VERY IMPORTANT TO SHOW DOCUMENTATION</b>		
HOW MUCH DO YOU SPEND MONTHLY? DO NOT LEAVE BLANK		HOW MUCH MONEY OR SOCIAL AID YOU RECEIVE? DO NOT LEAVE BLANK		
Rent:		Unemployment		
Utilities:		SSI		
Food:		Disability		
Child support:		Social Security		
Child care items:		Food Stamps/ CalFresh		
Cell phone bill:		General relief:		
Car payment:		Checking account balance:		
Car insurance:		Saving account balance:		
Health insurance:		Cash available to you:		
Laundry/clothes:		Worker's compensation		
Entertainment/eat out:		Retirement:		
Other:		Other money provided by others:		
ADD Total spending per month:		ADD Total \$\$ your receive each month:		

I, (your name)  declare under penalty of perjury under the laws of the State of California that the information provided on all pages of this form and any attached document provided is true and accurate.

Your Signature:  Date: