

COUNTY OF SANTA BARBARA FINANCIAL DECLARATION

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:			
Employer:		Spouse/Partner Employer:		
Address:				
Length of time at job:	Supervisor:			
Take home pay \$	Week/Month	Take home pay \$	Week/Month	
Provide 3 pay stubs		Provide 3 pay stubs		
How much you spend a month (Self & Spouse)		***MUST PROVIDE COPIES OF RECENT AWARD STATEMENTS***		
Rent:		Unemployment		
Utilities:		SSI		
Food:		Disability:		
Child support:		Social Security payments:		
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:		
Total			Total	

ANY COMMENTS:

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: