

# Financial Disclosure

<b>State of Vermont</b> Vermont Superior Court	Division	Unit	Type of Case	Case Number
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<b>Name:</b>		<b>Others Living with You</b> (include adults and children)	
<b>Address:</b>	Street:		
	City, State, Zip:		
Home/Cell Phone	(    )		
Work Phone			
Date of Birth	Mo    Day    Year /    /	Total Number in Household (including yourself)	

## EMPLOYMENT

Are you employed? **Y** **N**    Employer(s) Name(s) and Address(es) :

Circle Y for yes or N for no

If yes, fill in Name and Address of each employer

## INCOME

## EXPENSES

	Yes	No
<b>Do you receive Public Assistance?</b> (including TANF/Reach UP; SSI, General Assistance)	<b>Y</b>	<b>N</b>
<b>Do any family members living with you receive public assistance</b>	<b>Y</b>	<b>N</b>

Enter your household's **monthly** expenses

Rent or Mortgage Pmt.	\$ _____
Electric Service	\$ _____
Food	\$ _____
Fuel (heat and/or gas)	\$ _____
Phone	\$ _____
Clothing	\$ _____
Medical	\$ _____
Child Support	\$ _____
Auto Loan Payments	\$ _____
Property Taxes	\$ _____
Insurance (Incl. Health, Auto, etc)	\$ _____
Other Expenses: please specify	\$ _____
	\$ _____
	\$ _____

**Monthly Income during the previous year**

	You	Other Household Members Living With You
Gross Income from Wages	\$ _____	\$ _____
Self Employment/Business Income (other than wages)	\$ _____	\$ _____
Investment or Income from assets not included above	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Monthly Income</b> (Your income plus Household Members )	<b>\$ _____</b>	
<b>Is your income in the last 30 days significantly different from the previous year</b>	<b>Y</b>	<b>N</b>

If YES, please explain the circumstances on page 2.

**Total Expenses**    \$ \_\_\_\_\_

## Cash Assets

## Other Assets

			Real Estate (Location)	Auto (Make, Model, Yr)
<b>Cash On Hand</b>	\$ _____		_____	_____
<b>Checking Account</b>	\$ _____	Fair Market Value	\$ _____	\$ _____
<b>Savings Account</b>	\$ _____	Outstanding Mortgage	\$ _____	\$ _____
<b>Total Cash Assets</b>	<b>\$ _____</b>	<b>Net Value</b>	<b>\$ _____</b>	<b>\$ _____</b>

**I have additional assets**    **Y**    **N**    If YES, please describe below

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### Additional Assets:

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net value
Real Property	Description	FMV	Mortgage	Net Value
Other Assets e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.	Description	FMV		

### Other Employed Household Members

Name of Household Member	Name of Employer	Employer's Address

**Change in Monthly Income:** If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.

My current monthly income is:	\$	
My current household income is:	\$	

**The reason for the change is:** (This section must be filled out if you have a change in income.)


I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

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

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_