

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Statement of Resources and Expenses

CUSTODIAL PARENT NAME	NONCUSTODIAL PARENT NAME	CASE NUMBER
-----------------------	--------------------------	-------------

**(Except for your signature, print all responses. Use blue or black ink only.)**

**NOTE:** You must provide your social security number to the Division of Child Support (DCS). DCS will use the number for child support enforcement services as defined in Title IV-D of the Social Security Act.

### I. Your Personal Data

FULL NAME		BIRTHDATE	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MESSAGE / CELL TELEPHONE NUMBER	
HOME STREET OR PO BOX ADDRESS		PRESENT MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	
HOME CITY	STATE	ZIP CODE	NAME OF SPOUSE / OTHER ADULT IN HOUSEHOLD
PLACE OF MARRIAGE (CITY / COUNTY / STATE)			DATE OF MARRIAGE
NUMBER OF CHILDREN LIVING IN MY HOME	NUMBER OF ADULTS LIVING IN MY HOME	E-MAIL ADDRESS	

### II. Employment Data

#### A. Your Employment Data

OCCUPATION	PRESENT EMPLOYMENT STATUS <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF-EMPLOYED		
EMPLOYER NAME	EMPLOYER TELEPHONE NUMBER		
EMPLOYER STREET OR PO BOX ADDRESS	CITY	STATE	ZIP CODE
UNION NAME	UNION STREET OR PO BOX ADDRESS	CITY	STATE ZIP CODE

II. Employment Data (Continued)			
B. Your Self-Employment Data			
<b>NOTE: Attach a copy of your last business federal income tax return as proof of income and expenditures.</b>			
BUSINESS NAME	BUSINESS STREET OR PO BOX ADDRESS	CITY	STATE ZIP CODE
TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP		BUSINESS TAX IDENTIFICATION NUMBER	
BUSINESS BANK ACCOUNTS LOCATED AT			
GROSS ANNUAL BUSINESS INCOME \$		NET ANNUAL BUSINESS INCOME \$	
C. Current Spouse / Other Adult in Household Employment Data			
SOCIAL SECURITY NUMBER	OCCUPATION	EMPLOYER NAME	
EMPLOYER STREET OR PO BOX ADDRESS	CITY	STATE	ZIP CODE UNION AFFILIATION
D. Current Spouse / Other Adult in Household Self-Employed Data			
<b>NOTE: Attach a copy of spouse's last business federal income tax return as proof of income and expenditures.</b>			
BUSINESS NAME	BUSINESS STREET OR PO BOX ADDRESS	CITY	STATE ZIP CODE
TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP		BUSINESS TAX IDENTIFICATION NUMBER	
BUSINESS BANK ACCOUNTS LOCATED AT			
GROSS ANNUAL BUSINESS INCOME \$		NET ANNUAL BUSINESS INCOME \$	
E. Medical / Dental Insurance for Dependents			
MEDICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF MEDICAL INSURANCE COMPANY		
DENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF DENTAL INSURANCE COMPANY		
MEDICAL INSURANCE POLICY HOLDER NAME		DENTAL INSURANCE POLICY HOLDER NAME	
III. Income and Assets Data			
A. Income from All Sources for the Preceding Month			
MY SALARY \$	BUSINESS INCOME \$	SPOUSE INCOME \$	INCOME OF OTHER ADULTS IN MY HOUSEHOLD \$
OTHER INCOME \$	TOTAL GROSS INCOME \$		TOTAL NET INCOME \$

**III. Income and Assets Data (Continued)**

**B. Gross Income From All Sources for the Preceding 12 Months**

MONTH	MY GROSS	SPOUSE / OTHER ADULT GROSS	INCOME SOURCE (EMPLOYER NAME, ETC.)
JANUARY	\$	\$	
FEBRUARY	\$	\$	
MARCH	\$	\$	
APRIL	\$	\$	
MAY	\$	\$	
JUNE	\$	\$	
JULY	\$	\$	
AUGUST	\$	\$	
SEPTEMBER	\$	\$	
OCTOBER	\$	\$	
NOVEMBER	\$	\$	
DECEMBER	\$	\$	

**C. Savings Bonds**

TYPE OF SAVINGS BOND	FACE VALUE	TYPE OF SAVINGS BOND	FACE VALUE
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**D. Personal Bank Accounts**

TYPE OF ACCOUNT	BANK NAME AND LOCATION	ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH
CHECKING			\$
SAVINGS			\$
CREDIT UNION			\$
OTHER			\$

**E. Stocks and Bonds**

DESCRIPTION	NUMBER OF SHARES	PAR VALUE
		\$
		\$
		\$

**III. Income and Assets Data (Continued)****F. Real Estate (Owned or Purchasing Including Home)**

ADDRESS OR LEGAL DESCRIPTION	YEAR ACQUIRED	SECURITIES HELD BY

**G. Personal Property (Owned or Purchasing)**

TYPE OF PROPERTY	MAKE	YEAR	LICENSE NUMBER AND DESCRIPTION	CONTRACT HELD BY	AMOUNT OWED
AUTO					\$
AUTO					\$
BOAT / MOTOR					\$
BOAT / MOTOR					\$
CAMPER / RV					\$
OTHER					\$
OTHER					\$
OTHER					\$
OTHER					\$
OTHER					\$
OTHER					\$
OTHER					\$

**H. Safe Deposit Box**

LOCATION OF BOX	DESCRIPTION OF CONTENTS	TOTAL VALUE
		\$
		\$

**I. Life Insurance Policy**

INSURANCE COMPANY NAME AND ADDRESS	CASH VALUE
	\$
	\$

**J. Retirement Accounts**

TYPE OF ACCOUNT	HOLDING INSTITUTION NAME AND LOCATION	ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH
IRA			\$
IRA			\$
OTHER			\$

<b>IV. Monthly Expenses Data</b>	
<b>A. Housing</b>	
RENT OR HOUSE PAYMENT	\$
TAXES AND INSURANCE (IF NOT COVERED BY ABOVE PAYMENT)	\$
TOTAL MONTHLY HOUSING (ADD THE TWO LINES ABOVE)	\$
<b>B. Utilities</b>	
HEAT (GAS AND OIL)	\$
ELECTRICITY	\$
WATER, SEWAGE, GARBAGE	\$
TELEPHONE	\$
OTHER (SPECIFY)	\$
TOTAL MONTHLY UTILITIES (ADD THE FIVE LINES ABOVE)	\$
<b>C. Food</b>	
FOOD FOR _____ PERSONS	\$
MEALS EATEN OUTSIDE MY HOME	\$
OTHER (SPECIFY)	\$
TOTAL MONTHLY FOOD (ADD THE THREE LINES ABOVE)	\$
<b>D. Child Care</b>	
DAY CARE / BABY SITTING FOR _____ CHILDREN	\$
CLOTHING	\$
SCHOOL TUITION FOR _____ CHILDREN	\$
CHILD SUPPORT PAYMENTS MADE FOR CHILDREN NOT LIVING WITH ME	\$
OTHER CHILD-RELATED EXPENSES (LIST):	\$
TOTAL MONTHLY CHILD CARE EXPENSES (ADD THE FIVE LINES ABOVE)	\$
<b>E. Transportation</b>	
VEHICLE PAYMENT OR LEASE	\$
INSURANCE	\$
LICENSE	\$
FUEL AND ROUTINE MAINTENANCE	\$
PARKING	\$
OTHER (SPECIFY)	\$
TOTAL MONTHLY TRANSPORTATION (ADD THE SIX LINES ABOVE)	\$

**IV. Monthly Expenses Data (Continued)**

**F. Clothing**

WORK CLOTHING	\$
OTHER CLOTHING	\$
TOTAL MONTHLY CLOTHING (ADD THE TWO LINES ABOVE)	\$

**G. Health Care**

MEDICAL AND DENTAL INSURANCE PREMIUMS	\$
UNINSURED MEDICAL, DENTAL, ORTHODONTIC, AND EYE CARE	\$
OTHER UNINSURED HEALTH CARE EXPENSES (LIST):	\$
TOTAL MONTHLY HEALTH CARE (ADD THE THREE LINES ABOVE)	\$

**H. Personal**

HAIR CARE / PERSONAL CARE	\$
EDUCATION	\$
BOOKS, NEWSPAPERS, AND MAGAZINES	\$
OTHER (LIST):	\$
TOTAL MONTHLY PERSONAL (ADD THE FOUR LINES ABOVE)	\$

**I. Other Recurring Monthly Expenses and Payments**

	PAID TO	DEBT BALANCE	MONTHLY PAYMENT
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
11.	TOTAL OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS (ADD LINES 1 - 10 ABOVE)	\$	\$

FG VER: (1.6)

**IV. Monthly Expenses Data (Continued)**

**J. Total Monthly Expenses**

ADD ALL **TOTAL** LINES IN THE MONTHLY EXPENSES DATA SECTIONS A - I

\$

MY SHARE OF THE TOTAL MONTHLY EXPENSES FROM THE LINE ABOVE (THE AMOUNT FROM THE LINE ABOVE LESS ANY CONTRIBUTIONS / ASSISTANCE FROM ANYONE OTHER THAN MY SPOUSE)

\$

**V. Declaration**

I declare, under penalty of perjury under the laws of Washington State, that the information I provided on this form is true, correct, and complete to the best of my knowledge. I understand that Washington State may prosecute me for fraud for any intentional false statement or misrepresentation. I understand that my statements are subject to verification by the Department of Social and Health Services.

SIGNATURE

DATE