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|  | 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, please 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  Married  Single  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  Employed  Unemployed  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 | | | |

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| **II. Employment Data (Continued)** | | | | | | |
| **B. Your Self-Employment Data** | | | | | | |
| **NOTE: Attach a copy of your last business federal income tax return as proof of income and expenditures.** | | | | | | |
| Business Name | | | | Business STREET OR PO BOX Address City State Zip Code | | |
| Type of Business  Corporation  Partnership  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** | | | | | | |
| **NOTE: Attach a copy of spouse’s last business federal income tax return as proof of income and expenditures.** | | | | | | |
| Business Name | | | | Business STREET OR PO BOX Address City State Zip Code | | |
| Type of Business  Corporation  Partnership  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  Yes  No | Name and Address of Medical Insurance Company | | | | | |
| Dental  Yes  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  **$** | |

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| **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 |
|  | | | | | | |  | | **$** |
|  | | | | | | |  | | **$** |
|  | | | | | | |  | | **$** |

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| **III. Income and Assets Data (Continued)** | | | | | | | | | |
| **F. Real Estate (Owned or Purchasing Including Home)** | | | | | | | | | |
| Address or Legal Description | | | | | Year Acquired | | Securities Held By | | |
|  | | | | |  | |  | | |
|  | | | | |  | |  | | |
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|  | | | | |  | |  | | |
| **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 | |  |  |  | | |  | | **$** |
| **H. Safe Deposit Box** | | | | | | | | | |
| Location of Box | | | | | Description of Contents | | | Total Value | |
|  | | | | |  | | | **$** | |
|  | | | | |  | | | **$** | |
| **I. Life Insurance Policy** | | | | | | | | | |
| Insurance Company Name and Address | | | | | | | | Cash Value | |
|  | | | | | | | | **$** | |
|  | | | | | | | | **$** | |
| **J. Retirement Accounts** | | | | | | | | | |
| Type Account | Holding Institution Name and Location | | | | | Account Number | | Balance at End of Last Month | |
| IRA |  | | | | |  | | **$** | |
| IRA |  | | | | |  | | **$** | |
| Other |  | | | | |  | | **$** | |

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| **IV. Monthly Expenses Date** | |
| **A. Housing** | |
| Rent or House Payment | **$** |
| Taxes and Insurance (if not covered by above payment) | **$** |
| Total Monthly Housing (add the two lines above) | **$** |
| **B. Utilities** | |
| Heat (gas and oil) | **$** |
| Electricity | **$** |
| Water, Sewage, Garbage | **$** |
| Telephone | **$** |
| Other (specify) | **$** |
| Total Monthly Utilities (add the five lines above) | **$** |
| **C. Food** | |
| Food for  Persons | **$** |
| Meals Eaten Outside My Home | **$** |
| Other (specify) | **$** |
| Total Monthly Food (add the three lines above) | **$** |
| **D. Child Care** | |
| Day Care / Baby Sitting for  Children | **$** |
| 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): | **$** |
| **E. Transportation** | |
| Vehicle Payment or Lease | **$** |
| Insurance | **$** |
| License | **$** |
| Fuel and Routine Maintenance | **$** |
| Parking | **$** |
| Other (specify) | **$** |
| Total Monthly Transportation (add the six lines above): | **$** |

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| **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): | | **$** |
| 5. Total Monthly Personal (add the four lines above) | | **$** |
| **I. Other Recurring Monthly Expenses and Payments** | | |
| Paid To | Debt Balance | Monthly Balance |
| 1. | **$** | **$** |
| 2. | **$** | **$** |
| 3. | **$** | **$** |
| 4. | **$** | **$** |
| 5. | **$** | **$** |
| 6. | **$** | **$** |
| 7. | **$** | **$** |
| 8. | **$** | **$** |
| 9. | **$** | **$** |
| 10. | **$** | **$** |
| 11. Total Other Recurring Monthly Expenses and Payments  (add 1 – 10 above) | **$** | **$** |

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| **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 | |