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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 |