

NOTE: Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire (below). If you submit the Application and Financial Questionnaire in person, you **MUST** sign it in front of the court clerk; if you submit the form by mail or by a third party, you **MUST** sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

FINANCIAL QUESTIONNAIRE

SUPPORT RESPONSIBILITIES: List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

ASSISTANCE: I receive assistance from:

- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Long Term Care System (ALTCS)
- Other (explain): _____

MONTHLY INCOME: My monthly income is:

Monthly gross income: \$ _____
 Employer name: _____
 Employer address: _____
 Employed since (month/year): _____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings (explain amount and source): \$ _____

My spouse's monthly gross income (if available to me): \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Food/Household supplies	\$ _____	
Utilities/Telephone	\$ _____	
Clothing	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health Insurance	\$ _____	
Nursing care	\$ _____	
Laundry	\$ _____	
Child Support	\$ _____	
Child Care	\$ _____	
Spousal Maintenance	\$ _____	
Car Insurance	\$ _____	

Gasoline/Bus Fare \$ _____
Contributions to Employer
or Other Retirement Account \$ _____

TOTAL MONTHLY INCOME \$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.
Equity is defined as market value minus any liens or loans.

ESTIMATED VALUE
Cash and Bank Accounts \$ _____
Credit Union Accounts \$ _____
Equity in:
1. Home \$ _____
2. Other property \$ _____
3. Cars/other vehicles \$ _____
4. Other, including stocks, bonds, etc. \$ _____
5. Retirement accounts \$ _____

TOTAL ASSETS \$ _____

EXTRAORDINARY EXPENSES: For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

DESCRIPTION	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXTRAORDINARY EXPENSES \$ _____

OATH OR AFFIRMATION

The contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

Date Signed or Affirmed

Judicial Officer, Deputy Clerk or Notary Public

My Commision Expires/Seal: