

Alabama Lawyer Assistance Foundation Inc.
Treatment Fund

Applicant's Financial Statement

All questions on both sides of this form must be answered in full. If the question is not applicable, write "none". If additional space is needed for any answer, an attached sheet may be submitted. Information contained herein is confidential and only available to the Alabama Lawyer Assistance Director and members of the review committee.

1. Name _____ Soc. Sec. No. ____ _
Address _____
Age _____ Tel. No.(____) _____ No. of children living with you _____
Occupation _____ Employer _____
Employer's Address _____
Employer's Tel. No. (____) _____ Health Ins. Coverage ___ Yes ___ No
Health Ins. Provider _____ Cert. No. _____

2. Gross weekly income from all sources or copy of your most recent 1040.

- a. Base pay from salary, wages \$ _____
- b. Income from commissions, bonuses, etc. \$ _____
- c. Dividends and interest \$ _____
- d. Income from trust or annuities \$ _____
- e. Pensions and retirement funds \$ _____
- f. Social security \$ _____
- g. Disability, unemployment ins., workers comp \$ _____
- h. Public assistance (welfare, etc.) \$ _____
- i. All other sources (rent, alimony, child support) \$ _____

3. Gross yearly income from prior year \$ _____

4. **Assets**

- a. Real estate:
Location _____
Title _____
Fair Mkt. Val.\$ _____ less Mortgage(s) \$ _____ = Equity \$ _____
- b. IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans \$ _____
- c. Tax Deferred Annuity Plan(s) \$ _____
- d. Life insurance: Present Cash Value \$ _____
- e. Savings/checking account, money market & CD's \$ _____
Financial Institution and account Number _____
\$ _____
\$ _____
\$ _____

f. Automobiles
 Fair Mkt. Val. \$ _____ less Auto Loan \$ _____ = Equity Loan \$ _____
 Fair Mkt. Val. \$ _____ less Auto Loan \$ _____ = Equity Loan \$ _____

g. Other (e.g. Personal Property, Securities, Etc.)
 _____ \$ _____
 _____ \$ _____

h. **Total Assets** (a through g) \$ _____

5. **Expenses** (monthly)

rent _____	heat/elec. _____	transportation _____
food _____	medical _____	miscellaneous _____
phone _____	other _____	health insurance _____

Total Monthly expenses \$ _____

6. **Liabilities**

Creditor	Nature	Date of Origin	Amount Due	Monthly Payment
_____	_____	_____	_____	_____
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

e. Total Amount Due \$ _____ Total Monthly Payment \$ _____

I certify under the penalties of perjury that my income and expenses, assets, and liabilities as stated herein are true to the best of my knowledge and belief. I have carefully read this financial statement and I certify the information is true and complete.

Date: _____ Signature: _____