

WIA FINANCIAL ASSESSMENT FORM

Customer: _____

SSN: _____

Date: _____

Please complete this form in ink. The purpose of this form is to provide information to determine your current financial status and to determine the possible need for counseling or other assistance and services at a later time. This information is considered confidential and will not be given to agencies or persons other than the U.S. Department of Labor, Texas Workforce Commission, or Workforce Centers specialists or agents except by your written consent or through due process of law.

MONTHLY INCOME

A. **INCOME (Monthly)

- 1. Wages (Take Home) _____
- 2. Self Employment _____
- 3. Interest _____
- 4. Dividends _____
- 5. Rental Income _____
- 6. Retirement _____
- 7. Social Security _____
- 8. UI Benefits _____
- 9. _____
- 10. _____
- 11. **TOTAL INCOME** _____

B. **ASSISTANCE (Monthly)

- 1. Pell/SEOG & other ed. Grants _____
- 2. V.A. Benefits/GI Bill _____
- 3. Housing Assistance _____
- 4. TANF _____
- 5. Food Stamps _____
- 6. Educational Loans _____
- 7. Educational Scholarships _____
- 8. Child Support _____
- 9. _____
- 10. _____
- 11. **TOTAL ASSISTANCE** _____

C. TOTAL INCOME (A11+B11) _____

MONTHLY EXPENSES

D. **LODGING

- 1. Rent _____
- 2. Mortgage Payment _____
- 3. **TOTAL LODGING** _____

G. **LOAN & CREDIT CARD PAYMENTS

- 1. Credit Card
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 2. Installment Loans
 - a. Student Loans _____
 - b. _____
 - c. _____
 - d. _____
- 3. **TOTAL LOAN & CC PYMTS** _____

E. **UTILITIES

- 1. Electricity _____
- 2. Gas _____
- 3. Telephone (basic-limit \$25) _____
- 4. Water/Sewer _____
- 5. Trash Collection _____
- 6. **TOTAL UTILITIES** _____

F. OTHER LIVING EXPENSES

- 1. Groceries _____
- 2. Transportation
 - a. **Car Payment _____
 - b. Gas/Oil _____
 - c. Insurance _____
- 3. Child Care _____
- 4. **Child Support _____
- 5. _____
- 6. _____
- 7. **TOTAL OTHER** _____

H. MISCELLANEOUS EXPENSES

- 1. Entertainment _____
- 2. **Cable TV _____
- 3. **Newspaper _____
- 4. Subscriptions, books, etc. _____
- 5. Church/Charity _____
- 6. Clothing (Average Monthly) _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. **TOTAL MISC. EXPENSES** _____

I. TOTAL EXPENSES (D3+E6+F7+G3+H12) _____

J. INCOME MINUS EXPENSES (C - I) _____

I certify the information provided on this form is true and correct to the best of my knowledge.

Customer Signature

Date

