

# Bruce Verhoeven Foundation

P.O. Box 160923, Sacramento, CA 95816

## Financial Statement

NAME: \_\_\_\_\_ JOB CLASS. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DIV/WORK SITE : \_\_\_\_\_

TELEPHONE: home \_\_\_\_\_ work \_\_\_\_\_ pager/cell \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

Income	SELF	SPOUSE/OTHER
Gross Monthly income from Salary & Wages (including commissions, bonuses & overtime)		
Pensions and Retirement		
Social Security		
Disability & Unemployment Ins		
Public Assistance(welfare, AFCD, etc.)		
Child/Spousal Support		
Dividends & Interest		
Off-Duty		
Rents		
All Other Sources (specify)		
<b>Total Gross Monthly Income</b>		

Payroll Deductions		
Income Taxes (state & federal)		
Social Security		
Disability		
Medical/Other Insurance		
Union/Other Dues		
Retirement/Pension Fund		
Savings Plan		
Other (specify)		
<b>Total Payroll Deductions</b>		
<b>Net Monthly Income (gross minus deductions)</b>		



Available Assets	SELF	SPOUSE/OTHER
Cash on Hand		
Checking Accounts		
Savings Accounts		
Credit Union Accounts		
Other Accounts or Deposits		
Retirement/Pension Fund		
Life Insurance Cash Value		
Net Value Stocks/Bonds		
Net Value Real Estate		
Net Value all Other Property		
<b>Total Assets</b>		

Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Total Net Monthly Income (all parties)</b>	
<b>Total Monthly Living Expenses (all parties)</b>	
<b>Balance (+/-)</b>	
<b>Other Available Assets</b>	

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct, and that this declaration was executed on \_\_\_\_\_ at \_\_\_\_\_, California. (date)

Signature \_\_\_\_\_