



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Resource Family Financial Assessment

A. Applicant father

1. Employment

Name	
Present employer's name	Days and working hours

2. Income

Gross monthly income	Take-home monthly income
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3. Other income/benefits, such as Social Security benefits, adoption subsidy, foster care payments, child support, food benefits, or Temporary Assistance for Needy Families (TANF)

Source of income	Gross monthly income	Take home income

B. Applicant mother

1. Employment

Name	
Present employer's name	Days and working hours

2. Income

Gross monthly income	Take-home monthly income
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3. Other income/benefits, such as Social Security benefits, adoption subsidy, foster care payments, child support, food benefits, or Temporary Assistance for Needy Families (TANF)

Source of income	Gross monthly income	Take home income

C. Household income

Household total monthly take-home income: _____

Number of persons supported, including foster children, if applicable: _____

D. Expenses**List monthly expenses:**

Mortgage/rent payment or other housing expenses: \$ _____

Child support – list each child for whom child support is owed and the amount owed for each: \$ _____

Groceries: \$ _____

Child care: \$ _____

Medical expenses not covered by insurance: \$ _____

Automobile/vehicle payments: \$ _____

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Gasoline: \$ _____

Auto maintenance: \$ _____

Utilities: \$ _____

Gas/propane _____

Water/sewage/trash _____

Electric _____

Cable/satellite _____

Phone _____

Cell phone(s) _____

Internet _____

Insurance: \$ _____

Home _____

Medical _____

Auto _____

Life _____

Clothing: \$ _____

Charitable donations to church or other organizations: \$ _____

Entertainment/recreation: \$ _____

Student loans: \$ _____

Credit cards. List each card and average monthly payment for each: \$ _____

Other recurring monthly expenses. Itemize each expense: \$ _____

Total monthly expenses \$ _____

In the last ten years have you filed for bankruptcy? Yes No

If yes, list where the bankruptcy was filed and the bankruptcy court case number: _____

Do you have pending tax liens? Yes No

Are you subject to any type of settlement agreements where you are obligated to make a money payment now or in the future? Yes No

Total monthly income: \$_____ Total monthly expenses: \$_____

E. Unsworn declaration under penalty of perjury

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this _____ day of _____, 20____ at _____, _____.

Applicant mother signature Date

Applicant father signature Date