



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Statement of Resources and Expenses

CUSTODIAL PARENT NAME	NONCUSTODIAL PARENT NAME	CASE NUMBER
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**(Except for your signature, please print all responses. Use blue or black ink only.)**

**NOTE: You must provide your social security number to the Division of Child Support (DCS). DCS will use the number for child support enforcement services as defined in Title IV-D of the Social Security Act.**

### I. Your Personal Data

FULL NAME		BIRTHDATE	SOCIAL SECURITY NUMBER
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MESSAGE / CELL TELEPHONE NUMBER	
HOME STREET OR PO BOX ADDRESS		PRESENT MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	
HOME CITY	STATE	ZIP CODE	NAME OF SPOUSE / OTHER ADULT IN HOUSEHOLD
PLACE OF MARRIAGE (CITY / COUNTY / STATE)			DATE OF MARRIAGE
NUMBER OF CHILDREN LIVING IN MY HOME	NUMBER OF ADULTS LIVING IN MY HOME	E-MAIL ADDRESS	

### II. Employment Data

#### A. Your Employment Data

OCCUPATION		PRESENT EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed	
EMPLOYER NAME		EMPLOYER TELEPHONE NUMBER	
EMPLOYER STREET OR PO BOX ADDRESS		CITY	STATE      ZIP CODE
UNION NAME	UNION STREET OR PO BOX ADDRESS      CITY      STATE      ZIP CODE		

**II. Employment Data (Continued)****B. Your Self-Employment Data****NOTE: Attach a copy of your last business federal income tax return as proof of income and expenditures.**

BUSINESS NAME	BUSINESS STREET OR PO BOX ADDRESS CITY STATE ZIP CODE
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership	BUSINESS TAX IDENTIFICATION NUMBER
BUSINESS BANK ACCOUNTS LOCATED AT	
GROSS ANNUAL BUSINESS INCOME \$	NET ANNUAL BUSINESS INCOME \$

**C. Current Spouse / Other Adult in Household Employment Data**

SOCIAL SECURITY NUMBER	OCCUPATION	EMPLOYER NAME
EMPLOYER STREET OR PO BOX ADDRESS CITY STATE ZIP CODE		UNION AFFILIATION

**D. Current Spouse / Other Adult in Household Self-Employed Data****NOTE: Attach a copy of spouse's last business federal income tax return as proof of income and expenditures.**

BUSINESS NAME	BUSINESS STREET OR PO BOX ADDRESS CITY STATE ZIP CODE
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership	BUSINESS TAX IDENTIFICATION NUMBER
BUSINESS BANK ACCOUNTS LOCATED AT	
GROSS ANNUAL BUSINESS INCOME \$	NET ANNUAL BUSINESS INCOME \$

**E. Medical / Dental Insurance for Dependents**

MEDICAL <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME AND ADDRESS OF MEDICAL INSURANCE COMPANY
DENTAL <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME AND ADDRESS OF DENTAL INSURANCE COMPANY
MEDICAL INSURANCE POLICY HOLDER NAME	DENTAL INSURANCE POLICY HOLDER NAME

**III. Income and Assets Data****A. Income from All Sources for the Preceding Month**

MY SALARY \$	BUSINESS INCOME \$	SPOUSE INCOME \$	INCOME OF OTHER ADULTS IN MY HOUSEHOLD \$
OTHER INCOME \$	TOTAL GROSS INCOME \$	TOTAL NET INCOME \$	

**III. Income and Assets Data (Continued)**

**B. Gross Income From All Sources for the Preceding 12 Months**

MONTH	MY GROSS	SPOUSE / OTHER ADULT GROSS	INCOME SOURCE (EMPLOYER NAME, ETC.)
January	\$	\$	
February	\$	\$	
March	\$	\$	
April	\$	\$	
May	\$	\$	
June	\$	\$	
July	\$	\$	
August	\$	\$	
September	\$	\$	
October	\$	\$	
November	\$	\$	
December	\$	\$	

**C. Savings Bonds**

TYPE OF SAVINGS BOND	FACE VALUE	TYPE OF SAVINGS BOND	FACE VALUE
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**D. Personal Bank Accounts**

TYPE OF ACCOUNT	BANK NAME AND LOCATION	ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH
Checking			\$
Savings			\$
Credit Union			\$
Other			\$

**E. Stocks and Bonds**

DESCRIPTION	NUMBER OF SHARES	PAR VALUE
		\$
		\$
		\$

**III. Income and Assets Data (Continued)****F. Real Estate (Owned or Purchasing Including Home)**

ADDRESS OR LEGAL DESCRIPTION	YEAR ACQUIRED	SECURITIES HELD BY

**G. Personal Property (Owned or Purchasing)**

TYPE OF PROPERTY	MAKE	YEAR	LICENSE NUMBER AND DESCRIPTION	CONTRACT HELD BY	AMOUNT OWED
Auto					\$
Auto					\$
Boat / Motor					\$
Boat / Motor					\$
Camper / RV					\$
Other					\$
Other					\$
Other					\$
Other					\$
Other					\$
Other					\$

**H. Safe Deposit Box**

LOCATION OF BOX	DESCRIPTION OF CONTENTS	TOTAL VALUE
		\$
		\$

**I. Life Insurance Policy**

INSURANCE COMPANY NAME AND ADDRESS	CASH VALUE
	\$
	\$

**J. Retirement Accounts**

TYPE ACCOUNT	HOLDING INSTITUTION NAME AND LOCATION	ACCOUNT NUMBER	BALANCE AT END OF LAST MONTH
IRA			\$
IRA			\$
Other			\$

<b>IV. Monthly Expenses Date</b>	
<b>A. Housing</b>	
Rent or House Payment	\$
Taxes and Insurance (if not covered by above payment)	\$
Total Monthly Housing (add the two lines above)	\$
<b>B. Utilities</b>	
Heat (gas and oil)	\$
Electricity	\$
Water, Sewage, Garbage	\$
Telephone	\$
Other (specify)	\$
Total Monthly Utilities (add the five lines above)	\$
<b>C. Food</b>	
Food for _____ Persons	\$
Meals Eaten Outside My Home	\$
Other (specify)	\$
Total Monthly Food (add the three lines above)	\$
<b>D. Child Care</b>	
Day Care / Baby Sitting for _____ Children	\$
Clothing	\$
School Tuition for _____ Children	\$
Child Support Payments Made for Children Not Living With Me	\$
Other Child Related Expenses (list):	\$
Total Monthly Child Care Expenses (add the five lines above):	\$
<b>E. Transportation</b>	
Vehicle Payment or Lease	\$
Insurance	\$
License	\$
Fuel and Routine Maintenance	\$
Parking	\$
Other (specify)	\$
Total Monthly Transportation (add the six lines above):	\$

<b>IV. Monthly Expenses Data (Continued)</b>		
<b>F. Clothing</b>		
Work Clothing		\$
Other Clothing		\$
Total Monthly Clothing (add the two lines above)		\$
<b>G. Health Care</b>		
Medical and Dental Insurance Premiums		\$
Uninsured Medical, Dental, Orthodontic, and Eye Care		\$
Other Uninsured Health Care Expenses (list):		\$
Total Monthly Health Care (add the three lines above)		\$
<b>H. Personal</b>		
Hair Care / Personal Care		\$
Education		\$
Books, Newspapers, and Magazines		\$
Other (list):		\$
5. Total Monthly Personal (add the four lines above)		\$
<b>I. Other Recurring Monthly Expenses and Payments</b>		
PAID TO	DEBT BALANCE	MONTHLY BALANCE
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$
11. Total Other Recurring Monthly Expenses and Payments (add 1 – 10 above)	\$	\$

**IV. Monthly Expenses Data (Continued)**

**J. Total Monthly Expenses**

Add all total lines in the Monthly Expenses Data sections A - I

\$

My share of the total monthly expenses from the line above (the amount from the line above less any contributions / assistance from anyone other than my spouse)

\$

**V. Declaration**

I declare, under penalty of perjury under the laws of Washington State, that the information I provided on this form is true, correct, and complete to the best of my knowledge. I understand that Washington State may prosecute me for fraud for any intentional false statement or misrepresentation. I understand that my statements are subject to verification by the Department of Social and Health Services.

SIGNATURE

DATE