



## Financial Statement Sole Proprietors and Individuals

*(If you need additional space, please attach a separate sheet)*

**NOTE: Complete all blocks, except shaded areas. Write "N/A" in those blocks that do not apply.**

Labor and Industries Account ID		Unified Business Identifier (UBI)	
Name	Social Security #	Marital Status	
Spouse or Domestic Partner Name		Spouse or Domestic Partner's Social Security #	
Physical Address	Home #	Work #	
	Cell #	Other #	
Mailing Address (If different)		Email Address	

### Section 1 – Employment Information

Employer or Business ( <i>name &amp; address</i> )	How long employed?	Business Phone #	Occupation
	Pay Rate: Pay Dates:	( <i>Check appropriate response</i> ) <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner
Spouse or Domestic Partner's Employer or Business ( <i>name and address</i> )	How long employed?	Business Phone #	Occupation
	Pay Rate: Pay Dates:	( <i>Check appropriate response</i> ) <input type="checkbox"/> Wage Earner <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner

### Section 2 – Personal Information

Address and Phone # of Spouse or Domestic Partner ( <i>If different</i> )		Previous Address(es)		
Name, Address and Phone # of Next of Kin or Other Reference		Other Names or Aliases		
Name, Age and Relationship of Dependents Living in Your Household ( <i>exclude yourself and spouse or domestic partner</i> )				
Date of Birth	Spouse or Domestic Partner's Date of Birth	Tax Year of Last Filed Federal Income Tax Return	Number of Exemptions Claimed	Gross Income

### Section 3 – General Financial Information

Bank Accounts ( <i>Include Savings &amp; Loans, Credit Unions, IRA and Retirement Plans, Certificates of Deposit, etc.</i> )				
Name of Institution	Address	Type of Account	Account #	Balance
<b>TOTAL</b>				

**Section 3 – General Financial Information *continued***

**Bank Charge Cards, Credit Unions, Savings & Loans, Lines of Credit**

Type of Account or Card	Name and Address of Financial Institution	Minimum Payment	Credit Limit	Amount Owed	Credit Available
<b>TOTALS</b>					

**Safe Deposit Boxes Rented or Accessed**

Locations	Box Numbers	Contents

**Real Property**

Brief Description and Type of Ownership	Physical Address
	County
	County
	County

**Accounts/Notes Receivable *(Include current contract jobs, loans, etc.)***

Name	Address	Amount Due	Date Due	Days Past Due
<b>TOTAL</b>		<b>\$</b>		

**Securities *(stocks, bonds, savings bonds, mutual funds, money market funds, government securities, etc.):***

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record

Name, Company and Address of Stockbroker:

**NOTE: Other information relating to your financial condition can be added on page 4 under the heading "Additional Information or Comments."**

Court Proceedings (judgments/lawsuits - <i>specify whether plaintiff or defendant</i> ) Yes <input type="checkbox"/> No <input type="checkbox"/>		Bankruptcies Yes <input type="checkbox"/> No <input type="checkbox"/>	
Repossessions Yes <input type="checkbox"/> No <input type="checkbox"/>		Recent Transfer of Assets Yes <input type="checkbox"/> No <input type="checkbox"/>	
Anticipated Increase in Income Yes <input type="checkbox"/> No <input type="checkbox"/>		Participant or Beneficiary to Trust, Estate, Profit Sharing, etc. Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Section 3 – General Financial Information *continued***

**Life Insurance Policies Owned with Business as Beneficiary**

Name Insured	Company	Policy #	Type	Face Amount	Available Loan Value
<b>TOTAL</b>					

**Section 4 – Asset and Liability Analysis**

**NOTE: Complete all blocks, except shaded areas. Write "N/A" in those blocks that do not apply.**

	Description of Item	Current Market Value	Liabilities on Balance Due	Equity in Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder	Date Final Payment Due
Cash on Hand							
Bank Accounts							
Securities							
Life Insurance <sup>1</sup>							
Real Property							
Vehicles <sup>2</sup>							
Other Assets <sup>3</sup>							
Credit Line <sup>4</sup>							
Other Liabilities <sup>5</sup>							
Taxes Owed							
<b>TOTAL</b>							

<sup>1</sup>Cash or Loan Value of Life Insurance

<sup>2</sup>Model, Year and License

<sup>3</sup>Boats, Jewelry, etc.

<sup>4</sup>Revolving Credit Lines at Financial Institutions

<sup>5</sup>Includes Notes and Judgments, etc.

Income			Necessary Living Expenses	
Source	Gross	Net	Expense	
Combined Income Wages/Salaries/Draws			Rent	
Interest/Dividends			Landlord's Name	Phone #
Net Business Income			Mortgage Payment ( <i>principle and interest</i> )	
Rental Income			Groceries	
			Number of People	
Pension ( <i>debtor</i> )			<b>Allowable Installment Payments (Agency use only)</b>	
Pension ( <i>spouse or domestic partner</i> )			Utilities (Water, Sewer, Garbage, Electric, Natural Gas, Oil, Propane, Phone, Cable)	
Child Support Received			Transportation Cost ( <i>e.g. car, bus, fuel</i> )	
Alimony Received			Homeowner or Renter's Insurance	
Other			Life Insurance	
			Health Insurance	
			Medical ( <i>Expenses not included in health insurance above</i> )	
			Tax Payments	
			Court Ordered Payments ( <i>specify</i> )	
			Other ( <i>specify</i> )	
<b>TOTAL INCOME (Agency use only)</b>	\$	\$	<b>TOTAL EXPENSES (Agency use only)</b>	
			<b>Net Difference (<i>income less necessary expenses – Agency use only</i>)</b>	
			\$	

**Additional Information or Comments**

**Certification:** I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete and I hereby authorize the Department of Labor and Industries to verify the information contained herein as they deem necessary.

Signature

Spouse or Domestic Partner's Signature

Date

**Financial Verification/Analysis  
for Department of Labor and Industries Use Only**

Item	Date Information or Encumbrance Verified	Date Property Inspected	Estimated Forced Sale Equity
Personal Residence			
Other Real Property			
Vehicles			
Other Personal Property			
State Employment <i>(Spouse or domestic partner)</i>			
Income Tax Return			
Wage Statements			
Sources of Income/Credit <i>(D &amp; B Report)</i>			
Expenses			
Other Assets/Liabilities			
Explain difference between net difference (or Profit and Loss) and installment payment amount:			