



Stockbridge-Munsee Community

Tribal Child Support Agency

P.O. Box 70, N8402 Moh He Con Nuck Road
Bowler, WI 54416

Telephone: (715)793-4036 • Fax: (715)793-4039

FINANCIAL DISCLOSURE

Financial Disclosure is for: _____

Name

Number of dependents claimed on taxes: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Child(ren) Name	Child residing With You	DOB	Social Security Number
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____

YOU MUST ATTACH COPIES OF YOUR TAX RETURNS FOR THE LAST TWO YEARS AND COPIES OF WAGE STATEMENTS FROM YOUR EMPLOYER (OR PAYCHECK STUBS) FOR THE LAST 4 WEEKS.

Employer Name: _____ Occupation: _____

Employers Address: _____

Address City State Zip

Hourly rate of pay: \$ _____ if salaried: _____

Pay period: _____ Pay above is for: _____

Weekly Bi-weekly Monthly Weekly Bi-weekly Monthly

Average hours per week: _____ if paid weekly x 4.3, biweekly x 2.15

Gross Monthly Income: _____

OTHER SOURCES INCOME

MONTHLY

% TAX PAID

Public Assistance
 Rental Income
 Maintenance/ Alimony
 Bonus/ Commissions
 Voluntary Deferred Income
 Pensions & Retirement
 Social Security
 Workers Unemployment Compensation
 Dividends/ Interest/ Capital Gains
 Military/ Veterans
 Business/ Farm/ Jobs for Cash
 Any other Source (specify)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

TOTAL GROSS INCOME: _____

Do you have a high school diploma or its equivalent? () YES () NO
 Do you have education beyond high school or special skills? () YES () NO
 School/ Training: _____ Years: _____
 School/ Training: _____ Years: _____

OTHER ASSETS

Bank Accounts:

_____	_____	_____
Name and Address of Institution	Type of Account	Average Balance over 6 Months
_____	_____	_____
Name and Address of Institution	Type of Account	Average Balance over 6 Months

REAL ESTATE:

_____	\$ _____	_____
Address/ Location	Mortgage Balance	Type of Interest

INSURANCE:

_____	_____	\$ _____	\$ _____
Type of Ins. And Issuing Company	Beneficiary	Face Value	Cash Value

Vehicles (All types of motorized):

_____	\$ _____	\$ _____
Type/ Make/ Year	Loan Bal.	Value
_____	\$ _____	\$ _____
Type/ Make/ Year	Loan Bal.	Value

Stocks & Securities:

_____	\$ _____	_____
No. Shares	Value	Issuer
_____	\$ _____	_____
No. Shares	Value	Issuer

OTHER ASSETS:

List any other item that has a value of \$250.00 or more including collectibles, equipment, machinery, furniture, electronics, precious metals or stones, tools and implements.

Type of Asset	Outstanding Loan	Net Value
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

FUTURE INCOME:

When do you expect to receive the next pay raise from your employer? ___/___/_____

What is the amount of your last two pay raises? \$ _____ \$ _____

Do you expect to receive monies, from any source, in the next year? () YES () NO

If "YES" from what source and when? _____ ___/___/_____

EXPENSES

Mortgage or rent: \$ _____ Per Month

Property Taxes: \$ _____ Per Month

Personal Taxes: State of WI \$ _____ Per Month

Federal \$ _____ Per Month

Utilities: Electric \$ _____ Per Month

Gas/ Wood \$ _____ Per Month

Water/ Sewer \$ _____ Per Month

Telephone \$ _____ Per Month

Travel-gas to/from work \$ _____ Per Month

Educational Expenses i.e. School enrollment fees, books, school lunches, field trips

\$ _____ Per Month

Medical Expenses \$ _____ Per Month

Household Food Costs \$ _____ Per Month

Clothing \$ _____ Per Month

I declare under penalty of perjury that the foregoing and any attachments hereto are true and correct. Dated this _____ day of _____, 20____.

Signature

