



PAYMENT ABILITY EVALUATION

(If self-employed, fill out supplement)

Name: _____

Date: _____

MONTHLY INCOME

Source of Income	Self	Spouse/Other
1. Take home salary/wages	\$	\$
2. Commissions/bonuses	\$	\$
3. Tips	\$	\$
4. Unemployment compensation	\$	\$
5. Social security income	\$	\$
6. Disability	\$	\$
7. AFDC	\$	\$
8. Food stamps	\$	\$
9. Veteran's benefits	\$	\$
10. Workman's compensation	\$	\$
11. Retirement pension income	\$	\$
12. Interest income	\$	\$
13. I.R.A. pay outs/dividend income	\$	\$
14. Child support	\$	\$
15. Spousal maintenance	\$	\$
16. Insurance settlement annuity	\$	\$
17. Allowance	\$	\$
18. Tribal entitlements	\$	\$
19. Rental property income	\$	\$
20. Stocks, bonds, insurance policy	\$	\$
21. Cash owed to you by another	\$	\$
22. Lottery annuity	\$	\$
23. Gifts/inheritance	\$	\$
TOTAL	\$	\$

TOTAL MONTHLY INCOME

INCOME/SELF: \$ _____
INCOME/SPOUSE/OTHER: + _____
TOTAL HOUSEHOLD INCOME: = \$ _____

Total number of adults _____ **children** _____ **in household**

ASSETS

Vehicles: Cars, trucks, motorcycles, RV, boats, etc.

ANY TYPE of vehicles which are required to be licensed:

	Self	Spouse/Other
1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
Bank Accounts/Current Balance		
Checking Account (# _____)	\$ _____	\$ _____
Savings Account (# _____)	\$ _____	\$ _____
Cash on hand	\$ _____	\$ _____
Real Estate (Equity in Home)	\$ _____	\$ _____
Stocks, Bonds, Trust Funds or Investments	\$ _____	\$ _____
Retirement Fund	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Deferred Compensation/401K	\$ _____	\$ _____
Total:	\$ _____	\$ _____
GRAND TOTAL/Self + Spouse/Other	\$ _____	

MONTHLY EXPENSES

Court Fine/Fees	\$	
Restitution	\$	
Probation Fees	\$	

HOUSING

Mortgage: _____ 1 st Mortgage	Company:	\$	
_____ 2 nd Mortgage	Company:	\$	
Home Equity Loan	Company:	\$	
Homeowner's Association Fee	HOA:	\$	
Other Home Expenditures	Explain:		\$ _____
Home Insurance	Company:	\$	
Rent	Landlord:	\$	
Renter's Insurance	Company:		\$ _____

UTILITIES

Electric	\$	
Gas	\$	
Waste (Garbage)	\$	
Water & Sewage	\$	

FOOD/SUPPLIES

Food	\$	
Household Supply	\$	
Medications	\$	
School Lunches	\$	
Meals Outside Home		\$ _____

COMMUNICATION

Telephone/Basic Service	\$	
<i>Features:</i>		
Call Waiting	\$	
Caller ID	\$	
Call Forwarding	\$	
Voice Messaging	\$	
Three-Way Calling	\$	

SUBTOTAL	\$		\$	
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COMMUNICATION - CONTINUED

	Premium Package	\$	_____
2 nd Telephone Line	Features: _____	\$	_____
Long Distance	Company: _____	\$	_____
Pager		\$	_____
Pager with Voice Mail		\$	_____
Cellular Phone		\$	_____

CLOTHING

Clothing for self		\$	_____
Clothing for spouse/other		\$	_____
Uniforms/Work clothing	Self	\$	_____
Uniforms/Work clothing	Spouse/Other	\$	_____
Shoes for self		\$	_____
Shoes for spouse/other		\$	_____
Children/Other clothing		\$	_____
Shoes for Children		\$	_____
Laundry Cleaning		\$	_____
Dry Cleaning		\$	_____

TRANSPORTATION

Car payment/Lease payment	Self	\$	_____
Car payment/Lease payment	Spouse/Other	\$	_____
Car Insurance:	Full or Liability? _____	\$	_____
	Uninsured	\$	_____
	Underinsured	\$	_____
	Medical Reimbursement	\$	_____
Bus Fare:	Monthly Pass	\$	_____
	Per Ride	\$	_____
Taxi Fare		\$	_____
Car Repair(s)		\$	_____
Car Maintenance		\$	_____
Car Wash – Yes/No _____	Car Wax - Yes/No _____	\$	_____
Gasoline		\$	_____
Motor Club (AAA)	Company: _____	\$	_____
Parking Fees		\$	_____
Towing		\$	_____
Other	Explain: _____	\$	_____
SUBTOTAL		\$	_____

MISCELLANEOUS CONTINUED

Veterinary Expenses	Name: _____	\$ _____
Newspapers		\$ _____
Magazines		\$ _____
Book/Music Clubs		\$ _____
Entertainment	Video Rental/Purchase	\$ _____
	Movies	\$ _____
	Home delivery food/Pizza, Chicken	\$ _____
	Golf, Mini Golf, Arcade,	
	Amusement Park	\$ _____
	Concerts/Sporting Tickets	\$ _____
Personal	Cigarettes, Cigars, Chewing tobacco,	
	Pipe tobacco	\$ _____
	Liquor, Beer, Wine,	
	Non-alcohol beverages	\$ _____
	Nails/Manicure & Pedicure	\$ _____
	Mail Orders/QVC Purchases	\$ _____
	Health Club Membership Dues	\$ _____
	Lottery Tickets/Gambling	\$ _____
	Gifts for self or others	\$ _____
SUBTOTAL		\$ _____

CREDIT CARD(S):

	<u>Self</u>	<u>Spouse/Other</u>
<i>(circle one:)</i> VISA, AMEX, DISCOVERY, MASTERCARD, DINERS CLUB, DEPARTMENT STORES, GASOLINE, ETC.		
1.) _____	\$ _____	\$ _____
Credit Limit: \$ _____		
Balance Amount: \$ _____		
<i>(circle one:)</i> VISA, AMEX, DISCOVERY, MASTERCARD, DINERS CLUB, DEPARTMENT STORES, GASOLINE, ETC.		
2.) _____	\$ _____	\$ _____
Credit Limit: \$ _____		
Balance Amount: \$ _____		
<i>(circle one:)</i> VISA, AMEX, DISCOVERY, MASTERCARD, DINERS CLUB, DEPARTMENT STORES, GASOLINE, ETC.		
3.) _____	\$ _____	\$ _____
Credit Limit: \$ _____		
Balance Amount: \$ _____		

WORKSHEET

Name: _____

Date: _____

Verified by: _____

Income	Grand Total from page 1	\$ _____
Self Employed	Total NP (Loss) from page 2	\$ _____
Assets	Grand Total from page 2	\$ _____
	Total	\$ _____

Fixed Expenses

Left column

Subtotal from page 4	\$ _____	
Subtotal from page 5	\$ _____	
Subtotal from page 6	\$ _____	
Subtotal from page 7	\$ _____	
Grand Total	\$ _____	\$ _____

Disposable Income

Right column

Subtotal from page 4	\$ _____	
Subtotal from page 5	\$ _____	
Subtotal from page 6	\$ _____	
Subtotal from page 7	\$ _____	
Grand Total	\$ _____	\$ _____

INCOME DISTRIBUTION

\$ _____	\$ _____
FIXED	DISPOSABLE

Monthly Court Fees \$ _____

Total Ordered	\$ _____
Total Paid (-)	\$ _____
Delinquent/Balance Court Fees	\$ _____

Disposable Income	\$ _____
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