

# Financial Evaluation Form California

## Personal Information:

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment Details:

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Employment Duration: \_\_\_\_\_

## Income and Expenses:

Income Source	Monthly Amount (\$)	Expense Type	Monthly Amount (\$)
Salary	\$ _____	Rent/Mortgage	\$ _____
Self-Employment	\$ _____	Utilities	\$ _____
Investments	\$ _____	Medical Expenses	\$ _____
Other Income	\$ _____	Transportation	\$ _____

## Assets and Liabilities:

Asset Type	Value (\$)	Liability Type	Amount Owed (\$)
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<b>Bank Accounts</b>	\$ _____	<b>Credit Cards</b>	\$ _____
<b>Real Estate</b>	\$ _____	<b>Loans</b>	\$ _____
<b>Vehicles</b>	\$ _____	<b>Other Liabilities</b>	\$ _____

**Declaration:**

I declare that all information provided is true and accurate to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_