Tuolumne County
Office of Revenue Recovery

Financial Statement Form

Please complete both sides of this form and return it to the Office of Revenue Recovery.

PERSONAL INFORMATION

NAME (Last)_____(First)_____(M.I.)_____

Other Names Used _____

MAILING ADDRESS _____

_____
City State Zip

STREET ADDRESS _____

_____
City State Zip

HOME PHONE ( )_____ - _____ WORK ( )_____ - _____

CELL PHONE ( )_____ - _____ OTHER ( )_____ - _____

DATE OF BIRTH _____-_____-_____ SOCIAL SECURITY # _____-_____-_____

DRIVERS LICENSE # _____ EMAIL _____

EMPLOYMENT INFORMATION

EMPLOYER_____ START DATE_____

EMPLOYER ADDRESS_____

PHONE ( )_____ - _____ JOB TITLE_____

If not currently employed, when were you last employed?_____

CURRENT GARNISHMENTS? $_____

SPOUSE INFORMATION

ARE YOU MARRIED? ☐ Y /☐N *IF YES, PLEASE FILL OUT SECTION BELOW*

NAME (Last)_____(First)_____(M.I.)_____

DATE OF BIRTH_____-_____-_____ SOCIAL SECURITY #_____-_____-_____

DRIVERS LICENSE # _____

EMPLOYER_____ START DATE_____

EMPLOYER ADDRESS_____

PHONE ( ) _____-_____ JOB TITLE_____

If not currently employed, when were they last employed?_____

CURRENT GARNISHMENTS? $_____

DEPENDENT INFORMATION

LIST ALL DEPENDENTS, THEIR AGE, AND THEIR RELATIONSHIP TO YOU:

_____,_____._____

_____,_____,_____

_____,_____,_____

_____,_____,_____

_____,_____,_____

FINANCIAL INFORMATION

MONTHLY INCOME

TAKE HOME INCOME $_____

SPOUSE'S INCOME $_____

OTHER INCOME $_____

SOURCE:_____

MONTHLY LIVING EXPENSES

RENT OR MORTGAGE $_____

OTHER REAL ESTATE $_____

AUTO PAYMENT $_____

FOOD $_____ UTILITIES $_____

CHILD / SPOUSAL SUPPORT?_____

AMOUNT? $_____

IF YOU HAVE NO INCOME, HOW ARE YOU MEETING YOUR BASIC LIVING EXPENSES?

_____

DO YOU OWN PROPERTY? Y / N ADDRESS: _____

_____

OTHER DEBTS - CREDIT CARD DEBTS, LOANS, CHARGE ACCOUNTS

NAME OF COMPANY	*BALANCE OWED*	*MONTHLY PAYMENT*
	$	$
	$	$
	$	$
	$	$

BANKING INFORMATION

NAME OF BANK OR CREDIT UNION_____

ACCOUNT BALANCES

CHECKING $_____ SAVINGS $_____

OTHER $_____

READ CAREFULLY BEFORE SIGNING:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HERON ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PERJURY IS PUNISHABLE BY IMPRISONMENT.

I / WE AUTHORIZE THE COUNTY OF TUOLUMNE AND IT'S DULY AUTHORIZED REPRESENTATIVES TO CONTACT ANY EMPLOYER, BANK, SAVINGS AND LOAN, CREDIT UNION, CREDIT REPORTING AGENCY, CREDITOR, ATTORNEY AT LAW OR GOVERNMENTAL AGENCY REGARDING MY / OUR FINANCIAL CONDITION, AND I / WE FURTHER AUTHORIZE SUCH INSTITUTIONS, INDIVIDUAL, PARTNERSHIP, CORPORATION OR AGENCY SO CONTACTED TO RELEASE ANY OR ALL INFORMATION REQUESTED REGARDING MY / OUR ASSETS, LIABILITIES, POLICIES, CREDIT INFORMATION, LITIGATIONS, FINANCIAL TRANSACTIONS AND ACCOUNTS.

_____ _____

SIGNATURE DATE

_____ _____

SIGNATURE DATE