

MONTHLY INCOME

1. LAPD/LAFD Pension (Service Disability Amount: \$ _____
 2. Other Monthly Income (list all sources):
 - a. Source: _____ Amount: \$ _____
 - b. Source: _____ Amount: \$ _____
 - c. Source: _____ Amount: \$ _____
 - d. Source: _____ Amount: \$ _____
 3. **Total Gross Monthly Income:** Amount: \$ _____
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MONTHLY EXPENSES (Identify creditors where applicable)

1. Mortgage / Rent _____ Amount: \$ _____
Additional property or timeshare (if any): _____
2. Vehicle / Boat Payment
Lender & Description: _____ Amount: \$ _____
3. Credit Union or Personal Loan
 - a. Lender: _____ Amount: \$ _____
 - b. Lender: _____ Amount: \$ _____
4. Credit Card Payments
 - a. Card: _____ Amount: \$ _____
 - b. Card: _____ Amount: \$ _____
 - c. Card: _____ Amount: \$ _____
 - d. Card: _____ Amount: \$ _____
5. Nursing Care / Childcare
Provider: _____ Amount: \$ _____
6. Utilities (Gas, Electric, Water)
 - a. Utility: _____ Amount: \$ _____
 - b. Utility: _____ Amount: \$ _____
7. Household Expenses (Food, Phone, Cable, Internet, etc.)
 - a. Item: _____ Amount: \$ _____
 - b. Item: _____ Amount: \$ _____
 - c. Item: _____ Amount: \$ _____
 - d. Item: _____ Amount: \$ _____
 - e. Item: _____ Amount: \$ _____
 - f. Item: _____ Amount: \$ _____
8. Vehicle Operating Expenses (Gas, Repairs, Maintenance)
 - a. Item: _____ Amount: \$ _____
 - b. Item: _____ Amount: \$ _____

9. Vehicle Insurance
Vehicle 1: _____ Amount: \$ _____
Vehicle 2: _____ Amount: \$ _____
10. Homeowner / Fire Insurance Amount: \$ _____
11. Medical Insurance
a. Medical: _____ Amount: \$ _____
b. Dental: _____ Amount: \$ _____
c. Other: _____ Amount: \$ _____
12. County Property Taxes Amount: \$ _____
13. Other Expenses (specify)
a. Item: _____ Amount: \$ _____
b. Item: _____ Amount: \$ _____
14. **Total Monthly Expenses (Lines 1–13):** \$ _____
15. Taxes Paid Last Year
Federal: \$ _____ State: \$ _____
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ASSETS – PRESENT MARKET VALUE

16. Real Estate (home, timeshare, etc.)
Property: _____ Value: \$ _____
17. Vehicles / Recreational Equipment (make & year)
a. _____ Value: \$ _____
b. _____ Value: \$ _____
c. _____ Value: \$ _____
18. Bank Accounts (Checking / Savings – institution & balance)
a. Institution: _____ Balance: \$ _____
b. Institution: _____ Balance: \$ _____
19. Investments (stocks, bonds, trusts, annuities)
a. Type: _____ Value: \$ _____
b. Type: _____ Value: \$ _____
20. Other Assets (identify)
a. Asset: _____ Value: \$ _____
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