Velo Law Office

MONTHLY FINANCIAL STATEMENT

When Completed, Return To:
VELO LAW OFFICE
1750 LEONARD STREET NE
GRAND RAPIDS MI 49505

BE ADVISED THAT THIS IS AN ATTEMPT BY A DEBT COLLECTOR TO COLLECT A DEBT. ANY INFORMATION OBTAINED WOULD BE USED FOR THAT PURPOSE.
ALL CALLS WITH VELO LAW MAY BE RECORDED AND MONITORED.

PERSONAL INFORMATION

Name (First, Middle, Last):			Date of Birth:
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Other	Number of Children Under the Age of 18:	Number of People In Household Age 18+:	

EMPLOYMENT INFORMATION

Employer Name:	
City, State:	
Phone No:	
Length of Time Employed:	Pay Rate: $
Hours Per Week:	Monthly Net Rate: $

BANKING INFORMATION

(1) Bank Name:	
(1) Approx. Account Balance: $	(1) Length of Time Opened:
(2) Bank Name:	
(2) Approx. Account Balance: $	(2) Length of Time Opened:

MONTHLY EXPENSES

Rent/Mortgage: $	
Home Insurance: $	
Auto Payment: $	
Auto Insurance: $	
Auto Fuel: $	
Childcare: $	
Gas/Electric: $	
Food/Groceries: $	
Phone Bill: $	
Cable/Internet: $	
Medical Insurance: $	
Other: $	What:
Other: $	What:
Other: $	What:
Other: $	What:

MONTHLY INCOME

Spouse's Income: $	
Child Support/Alimony: $	
Workers Compensation: $	
Unemployment: $	
Pension: $	
Disability: $	
Social Security: $	
Second Job: $	Where:
Other: $	What:
Other: $	What:

PAYMENT PROPOSAL

TOTAL MONTHLY INCOME:	$
TOTAL MONTHLY EXPENSES:	$
(1) PROPOSED PAYMENT AMOUNT:	$
(2) Payment Basis: (Check one)	☐ Bi-Weekly ☐ Monthly ☐ One-Time ☐ Other:
(3) Starting the: (Check one)	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
(4) Of what month: (Check one)	☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

SIGNATURE

I hereby affirm that all information provided on this sheet is correct to the best of my ability. I further authorize Velo Law Office to contact me by phone or email using automated technology and for any employer or financial institute to release information regarding my status with the institution to same.

Signature () Date

Completion of this form is not the equivalent to the acceptance of your payment plan proposal. Please contact Velo Law Office to confirm if your proposal was accepted.

*Please Include a Copy of Verification of Income (Pay-Stub, Unemployment, Social Security, etc.)