

~MONTHLY FINANCIAL STATEMENT~

This Form is Requested to be Completed in its ENTIRETY for ALL payment ARRANGEMENTS

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|--|--|
| Personal Information: | Employment Information: |
| Name: | Employer |
| Address: | Address: |
| Date of Birth: | Phone #: |
| Email: | Length of Time Employed: |
| Home Phone: | Pay Rate: \$ |
| Cell Phone: | Hours Per Week: |
| | Monthly Net Pay: \$ |
| Monthly Expenses: | Other Sources of Income: |
| Rent/Mortgage: \$ | Spouse's Income: \$ |
| Insurance: \$ | Alimony/Child Support: \$ |
| Car Payment: \$ | Workers Compensation: \$ |
| Car Insurance: \$ | Unemployment: \$ |
| Gasoline: \$ | Pension: \$ |
| Childcare: \$ | Social Security: \$ |
| Gas/Electric: \$ | Second Job: \$ |
| Food/Groceries: \$ | Where: |
| Phone Bill: \$ | OTHER: \$ |
| Cable/Internet: \$ | Explain: |
| Medical Insurance: \$ | |
| Other: () \$ | |
| Other: () \$ | |
| Other: () \$ | |
| Other: () \$ | |
| TOTAL: \$ | |
| Banking Information: (Including Pay Cards) | Proposal |
| (1) Bank Name: | Total Expenses: \$ |
| Account #: | Total Income: \$ |
| Approx. Balance: \$ | Payment Amount: \$ |
| | Payment Basis: Bi-Weekly Monthly (circle one) One-Time Other: |
| (2) Bank Name: | Starting 1st 5th 10th the: 15th 20th 25th (circle one) |
| Account #: | Of: Jan Feb Mar Apr (circle one) May Jun Jul Aug Sep Oct Nov Dec |
| Approx. Balance: \$ | |

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

PLEASE REMIT TO:
VELO LAW OFFICE
1750 LEONARD STREET NE
GRAND RAPIDS MI 49505

I hereby affirm that all information provided on this sheet is correct to the best of my ability, and hereby authorize my employer and financial institute to release information regarding the status of my account and/or employment to Velo Law Office.

Signature Date
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****You are REQUESTED to Include a Copy of Verification of Income (Pay-Stub, Unemployment, Social Security, etc.)****