



180° Juvenile Diversion
 Administration Center
 515 W. Moreland Blvd, G46
 Waukesha, WI 53188
 Phone: (262) 548-7770
180juvenilediversion@waukeshacounty.gov

INCOME & EXPENSE STATEMENT

Please provide the following information regarding your income and expenses:

1. Proof of Income:

- Please attach your most recent W2 Statement. If one is not available, attach all pay stubs from the past two months.

2. General Information:

Name _____
 Address _____

 City _____ State _____ Zip _____
 Phone (____) _____ - _____

3. Current Members of Household:

Please enter the name and relationship of all the people actually living in your household at this time. Check the box if that person contributes to payment of household expenses.

	Name	Relationship	Helps pay expenses?
	<input type="checkbox"/> I live alone		
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

4. Monthly Income:

Are you currently employed? Yes No

Income from wages/salary is received:

- Weekly (multiply by 4.3) Bi-weekly (multiply by 2.15)
 Monthly Twice monthly (multiply by 2)

Use the following table to enter your monthly gross income. To calculate income, use the multipliers indicated above.

MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes & deductions) from salary and wages, including commissions, allowances and overtime	\$
2.	Pensions, retirement funds and social security benefits received	\$
3.	Disability, unemployment insurance and/or public assistance funds received	\$
4.	Interest and dividends received	\$
5.	Child support and spousal support received	\$
6.	Rental payments received	\$
7.	Bonuses received	\$
8.	Other sources of income (please specify):	\$
9.	Total Gross Income (add lines 1-8)	\$

MONTHLY DEDUCTIONS		
10.	Number of tax exemptions claimed: _____	
11.	Monthly federal and state income tax, Social Security and Medicare withholdings	\$
12.	Medical insurance	\$
13.	Other insurance (Life, disability, etc.)	\$
14.	Union or other dues	\$
15.	Child support or spousal support deductions	\$
16.	Other deductions (please specify):	\$
17.	Total Gross Income (add lines 11-16)	\$
MONTHLY NET INCOME (subtract line 17 from line 9)		\$

5. Current Monthly Household Expenses:

MONTHLY HOUSEHOLD EXPENSES		
1.	Rent, mortgage payment, property taxes and/or home or rental insurance	\$
2.	Food	\$
3.	Utilities (electricity, heat, water, sewage, trash)	\$
4.	Telephone (local, long distance, cellular)	\$
5.	Cable/Satellite and Internet	\$
6.	Insurance (life, health, accident, auto, liability) (Do NOT include insurance deducted through payroll)	\$
7.	Auto payments, auto expenses and transportation (other than automobile)	\$
8.	Medical, dental and prescription drug expenses (not covered by insurance)	\$
9.	Child care (babysitting and day care)	\$
10.	Child support or spousal support payments (NOT including payroll deductions)	\$
11.	Other expenses	\$
Other monthly installment payments:		
12.	Mortgage (other than primary)	\$
13.	Credit card debt (total monthly minimum payments)	\$
14.	Court-ordered monetary obligations	\$
15.	Loans (student, personal, etc.)	\$
TOTAL MONTHLY EXPENSES (add lines 1-15)		\$

6. Personal Assets:

CURRENT ASSETS		
1.	Amount in savings accounts	\$
2.	Amount in checking accounts	\$
3.	Cash	\$
4.	Money owed to you	\$
Vehicles:		
5.	Make/Model _____ Year _____	\$
	Make/Model _____ Year _____	\$
6.	Equity in real estate	\$
TOTAL PERSONAL ASSETS (add lines 1-6)		\$

7. I, (print name) _____, declare and affirm that all of the above information, including attachments, is true and correct as of the current date.

Signature

Date