



# Stockbridge-Munsee Community

## Tribal Child Support Agency

P.O. Box 70, N8402 Moh He Con Nuck Road  
Bowler, WI 54416

Telephone: (715)793-4036 • Fax: (715)793-4039

### FINANCIAL DISCLOSURE

Financial Disclosure is for: \_\_\_\_\_

Name

Number of dependents claimed on taxes: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Child(ren) Name	Child residing With You	DOB	Social Security Number
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____

**YOU MUST ATTACH COPIES OF YOUR TAX RETURNS FOR THE LAST TWO YEARS AND COPIES OF WAGE STATEMENTS FROM YOUR EMPLOYER (OR PAYCHECK STUBS) FOR THE LAST 4 WEEKS.**

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Address City State Zip

Hourly rate of pay: \$ \_\_\_\_\_ if salaried: \_\_\_\_\_

Pay period: \_\_\_\_\_ Pay above is for: \_\_\_\_\_

Weekly Bi-weekly Monthly Weekly Bi-weekly Monthly

Average hours per week: \_\_\_\_\_ if paid weekly x 4.3, biweekly x 2.15

Gross Monthly Income: \_\_\_\_\_

**OTHER SOURCES INCOME**

**MONTHLY**

**% TAX PAID**

Public Assistance  
 Rental Income  
 Maintenance/ Alimony  
 Bonus/ Commissions  
 Voluntary Deferred Income  
 Pensions & Retirement  
 Social Security  
 Workers Unemployment Compensation  
 Dividends/ Interest/ Capital Gains  
 Military/ Veterans  
 Business/ Farm/ Jobs for Cash  
 Any other Source (specify)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**TOTAL GROSS INCOME:** \_\_\_\_\_

Do you have a high school diploma or its equivalent? ( ) YES ( ) NO  
 Do you have education beyond high school or special skills? ( ) YES ( ) NO  
 School/ Training: \_\_\_\_\_ Years: \_\_\_\_\_  
 School/ Training: \_\_\_\_\_ Years: \_\_\_\_\_

**OTHER ASSETS**

**Bank Accounts:**

_____	_____	_____
Name and Address of Institution	Type of Account	Average Balance over 6 Months
_____	_____	_____
Name and Address of Institution	Type of Account	Average Balance over 6 Months

**REAL ESTATE:**

_____	\$ _____	_____
Address/ Location	Mortgage Balance	Type of Interest

**INSURANCE:**

_____	_____	\$ _____	\$ _____
Type of Ins. And Issuing Company	Beneficiary	Face Value	Cash Value

**Vehicles (All types of motorized):**

_____	\$ _____	\$ _____
Type/ Make/ Year	Loan Bal.	Value
_____	\$ _____	\$ _____
Type/ Make/ Year	Loan Bal.	Value

**Stocks & Securities:**

_____	\$ _____	_____
No. Shares	Value	Issuer
_____	\$ _____	_____
No. Shares	Value	Issuer

**OTHER ASSETS:**

List any other item that has a value of \$250.00 or more including collectibles, equipment, machinery, furniture, electronics, precious metals or stones, tools and implements.

Type of Asset	Outstanding Loan	Net Value
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**FUTURE INCOME:**

When do you expect to receive the next pay raise from your employer? \_\_\_/\_\_\_/\_\_\_\_\_

What is the amount of your last two pay raises? \$\_\_\_\_\_ \$\_\_\_\_\_

Do you expect to receive monies, from any source, in the next year? ( ) YES ( ) NO

If "YES" from what source and when? \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

**EXPENSES**

Mortgage or rent: \$\_\_\_\_\_ Per Month

Property Taxes: \$\_\_\_\_\_ Per Month

Personal Taxes: State of WI \$\_\_\_\_\_ Per Month

Federal \$\_\_\_\_\_ Per Month

Utilities: Electric \$\_\_\_\_\_ Per Month

Gas/ Wood \$\_\_\_\_\_ Per Month

Water/ Sewer \$\_\_\_\_\_ Per Month

Telephone \$\_\_\_\_\_ Per Month

Travel-gas to/from work \$\_\_\_\_\_ Per Month

Educational Expenses i.e. School enrollment fees, books, school lunches, field trips

\$\_\_\_\_\_ Per Month

Medical Expenses \$\_\_\_\_\_ Per Month

Household Food Costs \$\_\_\_\_\_ Per Month

Clothing \$\_\_\_\_\_ Per Month

I declare under penalty of perjury that the foregoing and any attachments hereto are true and correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

