



# CSA PARENTAL/GUARDIAN FINANCIAL STATEMENT

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Income: Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Income: Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Number of Dependents in the home: \_\_\_\_\_

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## **INCOME (amount)**

Wages \_\_\_\_\_

Child Support \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Insurance Benefits \_\_\_\_\_

Federal and/or State Assistance \_\_\_\_\_

Social Security \_\_\_\_\_

Retirement/Pension \_\_\_\_\_

Income from Investments \_\_\_\_\_

**\*\*\* Please attach copies of most recent 1040 Tax Return, paystub(s)\*\*\***

Revised 10/21

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**DOCUMENTS MUST BE RETURNED WITHIN TWO WEEKS OF RECEIPT**  
Additional sheets may be used if necessary