

Individual Financial Statement for Administrative Wage Garnishment

Mail completed form to:

EdFUND
Administrative Wage Garnishment Office
P.O. Box 419040
Rancho Cordova, CA 95741-9040



Proof of income and expenses **must** be provided.

COMPLETE EVERY SPACE APPLICABLE. PLEASE PRINT OR TYPE.

Borrower Information

Last name	First name	MI	Social Security number	Date of birth Mo____ Day____ Year____
Present home address			City	State
				Zip code
Home telephone ()	Driver's license number		Dependent children Number	Other dependents
		Ages		
Mailing address (if different)			City	State
				Zip code

Employment Information

Present employer (company name and contact)			Employer's telephone ()	
Employer's address			City	State
				Zip code
How long employed?	Occupation	Union local and address		Monthly gross pay \$
Previous employer name	Address	City	State	Zip code
Is your work seasonal or depend on weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, which months do you usually work?	

If yes, list other employers (include name and address)

Self employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of business	Type of business	Date accounts receivable billed	
Business address (self employed)		City	State	Zip code

Financial Information

Name of all bank(s) and branch(es)	Address	City	State	Zip code
1.				
2.				
3.				
Credit union name	Address	City	State	Zip code
Bank account type <input type="checkbox"/> Savings acct. # _____ <input type="checkbox"/> Checking acct. # _____ <input type="checkbox"/> Safe deposit box # _____				

Spousal Information

Spouse's last name	First name	MI	Social Security number	Date of birth Mo____ Day____ Year____
Present employer (company name and contact)			Employer's telephone ()	
Address			City	State
				Zip code
How long employed?	Occupation	Union local and address		Monthly gross pay \$
Spouse's assets and bank accounts (please list)				

COMPLETE FRONT AND BACK.
PLEASE ATTACH SUPPORTING DOCUMENTATION.

COMPLETE EVERY SPACE APPLICABLE. PLEASE PRINT OR TYPE.

Monthly Net Income	Monthly Expenses
<p>1. My monthly take home pay is: \$ _____ I am paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Not working (date last worked) ____/____/____</p> <p>2. My spouse's take home pay is: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Bi monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Not working (date last worked) ____/____/____</p> <p>3. <input type="checkbox"/> Pension plans \$ _____ <input type="checkbox"/> Social Security benefits received \$ _____</p> <p>4. Interest/dividends received \$ _____</p> <p>5. <input type="checkbox"/> Alimony received \$ _____ <input type="checkbox"/> Child support received \$ _____</p> <p>6. Other money received each month \$ _____ Source: _____</p> <p>7. <input type="checkbox"/> Car <input type="checkbox"/> Boat <input type="checkbox"/> Other vehicles Make _____ Model _____ Year _____ License # _____ Make _____ Model _____ Year _____ License # _____</p> <p>8. Other assets (stocks, rental properties, etc.) \$ _____</p> <p>9. Funds due from an employer (list but do not include in total monthly net income): \$ _____ Employer _____ Address _____</p> <p>10. Pending litigation (workers' comp., civil action, etc.) Case #: _____ County where filed _____</p>	<p><input type="checkbox"/> Own home <input type="checkbox"/> Rent Name of Mortgage holder/Landlord _____ Address _____ Telephone () _____</p> <p>1. Mortgage/Rent \$ _____</p> <p>2. Food and household supplies \$ _____</p> <p>3. Utilities and telephone \$ _____</p> <p>4. Transportation and auto expenses (work related only, do not include car payment) \$ _____</p> <p>5. Clothing \$ _____</p> <p>6. Medical/Dental payments \$ _____</p> <p>7. School/Child care \$ _____</p> <p>8. Union dues \$ _____ Union name _____ Local no. _____</p> <p>9. Court ordered: <input type="checkbox"/> Child support <input type="checkbox"/> Alimony \$ _____ <input type="checkbox"/> Other (explain) _____ \$ _____</p> <p>Payable to: Name _____ Address _____ Telephone () _____</p> <p>10. Monthly installment payments (include car, dept. store, other) Creditor: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____</p>
Total Monthly Net Income \$ _____	Monthly Net Income \$ _____

I certify under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge. I agree to give proof of the information I have given on this form. I realize I must provide proof of all entries which includes a copy of my U.S. or state income tax return, bank statements, pay stubs and monthly bills. I further authorize the California Student Aid Commission to verify the information provided.

Signature	Date	City	County	State
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