

\_\_\_\_\_ 's PROPOSED INVENTORY  
CAUSE NUMBER \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ in the above-styled and numbered cause, state on oath that, to the best of my knowledge and belief, the foregoing composite inventory contains:

1. A full and complete list of all properties in my possession or subject to my control that I claim belong to the community estate of myself and my spouse, with the values thereof;
2. A full and complete list of all properties in my possession or subject to my control that I claim or admit as my or my spouse's separate property and estate, with the values thereof;
3. A full and complete list of the debts claimed by me or my spouse.

SIGNED on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

SIGNED under oath before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

# FINANCIAL INFORMATION STATEMENT

CLIENT:

CAUSE NUMBER:

## MONTHLY INCOME

Gross Income

\$

Total Monthly Payroll Deductions:

Withholding	\$
FICA (Social Security)	\$
Mandatory Retirement	\$
Voluntary Retirement	\$
Deferred Compensation	\$
Life Insurance	\$
Credit Union (savings)	\$
Credit Union (loan payment)	\$
Health Insurance	\$
Other Deductions:	
	\$
	\$

Total Deductions

\$

NET PAY

\$

Other Income: (itemize below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$

\$

\$

TOTAL MONTHLY INCOME

\$

### MONTHLY EXPENSES

Rent or mortgage payment	\$
Real property taxes (If not included in the mortgage payment)	\$
Homeowner's Insurance (if not Included in mortgage payment)	\$
Renter's or fire insurance	\$
Maintenance of residence (repairs, yardwork, etc.)	\$
Utilities (gas, water, electric, garbage, sewer, etc.)	\$
Telephone	\$
Groceries	\$
Dining out	\$
School lunches	\$
Uninsured doctor expenses	\$
Uninsured prescription and pharmaceutical expenses	\$
Uninsured routine dental care	\$
Uninsured orthodontal care	\$
Health and hospitalization insurance (if not paid by employer or deducted from wages)	\$
Life insurance (if not paid by employer or deducted from wages)	\$
Clothing purchases	\$
Laundry and dry cleaning	\$
Vehicle payment	\$
Gas and oil for vehicle	\$
Vehicle repair and maintenance	\$
Vehicle insurance	\$
Parking fees	\$
School tuition	\$
School supplies	\$
Children's extracurricular activities	\$
Childcare while at work	\$
Childcare for other times	\$
Entertainment	\$
Hairstyling, barber	\$
Contributions	\$

Dues

\$
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Subscriptions

\$
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Prior obligations for child support or alimony

\$
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Other Creditors: (Itemize below)

NAME	PURPOSE	BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total monthly payments to other creditors

\$
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**TOTAL MONTHLY EXPENSES**

\$
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**STATE OF TEXAS**

**COUNTY OF \_\_\_\_\_**

I, \_\_\_\_\_, state on oath that, to the best of my knowledge and belief, the foregoing financial information statement contains a full and complete accounting of my monthly income from all sources and my monthly expenses.

SIGNED ON THE \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF PARTY**

SIGNED under oath before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC, State of Texas**