

LICENSE RESTORATION FINANCIAL STATEMENT UPDATE

(Print clearly and complete ALL of the form)

File No. _____ Date: _____

Return By: _____

NAME: _____
Last First Middle Jr/Sr (If any)

Home Address: _____
Street Address City State Zip

Home Phone: _____ Cell #: _____ Message Phone: _____

Amount you pay for rent/mortgage: _____ Per Month

Date of Birth _____ Place of Birth _____ SSN _____

Driver's License Number _____ State of Issue _____

Marital Status: _____ Divorced _____ Separated _____ Married _____ Single

Are you presently employed? _____ Yes _____ No Trade/Occupation: _____

Length of Employment: _____ Employer Name: _____

Employer Phone: _____ Address: _____

Income: \$ _____ every _____ (paydays-weekly; biweekly; 1st&15th etc.)

Are you currently paying child support under a court order? How much do you pay each month? _____

List the state and case number of your support order _____

List number of children residing in your home under the age of 18 that you are financially responsible for: _____

If you are NOT employed, list the source and total amount of monthly income received: _____

Bank: _____ Branch: _____ Acct # _____

Name of Spouse: _____ DOB _____ SSN _____

Is SPOUSE employed? _____ Yes _____ No Trade/Occupation: _____

Length of Employment: _____ Employer Name: _____

Employer Phone: _____ Address: _____

Income: \$ _____ every _____ (paydays- weekly; biweekly; 1st &15th etc.)

Any additional source of income? (List source and amount) _____

I certify to the Court that all of the above is true and correct. I agree to update my/our employment and income every 180 days. I agree to provide verification of all information and understand that my financial review cannot be processed without it. I hereby give consent to the Court and/or to Washington Collectors to discuss information contained herein for the purpose of verification with my employer or other third party as may be necessary. I UNDERSTAND all payments are due on or before the 20th day of each month. If the 20th falls on a weekend and/ or holiday, we will expect your payment in our office by 5:30 p.m. on the next business day. Our office observes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. I UNDERSTAND that if I am late or fail to make a monthly payment my participation in the program will be revoked; in addition, I will not be eligible to participate in the program again.

PRINT YOUR NAME: _____ DATE: _____

Signature _____