

MONTHLY FINANCIAL STATEMENT

When Completed, Return To: **VELO LAW OFFICE
1750 LEONARD STREET NE
GRAND RAPIDS MI 49505**

**PLEASE BE ADVISED THAT THIS IS AN ATTEMPT TO COLLECT A DEBT.
ANY INFORMATION OBTAINED WOULD BE USED FOR THAT PURPOSE.
ALL CALLS WITH VELO LAW MAY BE RECORDED AND MONITORED.**

PERSONAL INFORMATION

Name (First, Middle, Last):		Date of Birth:	
Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other		Number of Children Under the Age of 18:	Number of People In Household Age 18+:

EMPLOYMENT INFORMATION

BANKING INFORMATION

Employer Name:		(1) Bank Name:	
City, State:		(1) Approx. Account Balance: \$	(1) Length of Time Opened:
Phone No:			
Length of Time Employed:	Pay Rate: \$	(2) Bank Name:	
Hours Per Week:	Monthly Net Rate: \$	(2) Approx. Account Balance: \$	(2) Length of Time Opened:

MONTHLY EXPENSES

MONTHLY INCOME

Rent/Mortgage: \$	Spouse's Income: \$	
Home Insurance: \$	Child Support/Alimony: \$	
Auto Payment: \$	Workers Compensation: \$	
Auto Insurance: \$	Unemployment: \$	
Auto Fuel: \$	Pension: \$	
Childcare: \$	Disability: \$	
Gas/Electric: \$	Social Security: \$	
Food/Groceries: \$	Second Job: \$	Where:
Phone Bill: \$	Other: \$	What:
Cable/Internet: \$	Other: \$	What:
Medical Insurance: \$		

PAYMENT PROPOSAL

Other: \$	What:	TOTAL MONTHLY INCOME: \$
Other: \$	What:	TOTAL MONTHLY EXPENSES: \$
Other: \$	What:	(1) PROPOSED PAYMENT AMOUNT: \$
Other: \$	What:	(2) Payment Basis: (Check one) <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> One-Time <input type="checkbox"/> Other:
SIGNATURE		
I hereby affirm that all information provided on this sheet is correct to the best of my ability. I further authorize Velo Law Office to contact me by phone or email using automated technology and for any employer or financial institute to release information regarding my status with the institution to same.		
(3) Starting the: (Check one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th		
(4) Of what month: (Check one) <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
Signature _____	0	Date _____

Completion of this form is not the equivalent to the acceptance of your payment plan proposal. Please contact Velo Law Office to confirm if your proposal was accepted.

*Please Include a Copy of Verification of Income (Pay-Stub, Unemployment, Social Security, etc.)

