

WINDHAM PROFESSIONALS, INC.  
Recovery Department  
Confidential Financial Statement

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
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CURRENT ADDRESS

CITY	STATE	ZIP CODE	How long at present address?
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Home Telephone (____) _____	Work Telephone (____) _____
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Time to reach you: _____	Time to reach you: _____
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PREVIOUS ADDRESS (If current is less than 3 years)

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE EMPLOYER PHONE: \_\_\_\_\_ Best time to reach: \_\_\_\_\_

HOUSEHOLD INCOME/EXPENSES

You must supply documentation for all items listed or your application will automatically be rejected. List other (\*) items on separate sheet.

INCOME

Monthly Net	_____
Spouse's Net	_____
Interest	_____
Dividends	_____
Alimony	_____
AFDC	_____
Parental Support	_____
Rental Income	_____
Child Support	_____
Unemployment	_____
Other (*)	_____

EXPENSES

Rent	_____
Condo Fees	_____
Mortgage	_____
Auto Payments	_____
Food	_____
Electricity	_____
Oil/Gas	_____
Transportation	_____
Insurance	_____
Cable TV	_____
Clothing	_____
Telephone	_____
Dependents (#)	_____
Other (*)	_____

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

I certify that the above information is true and correct.

Signature \_\_\_\_\_