



BOA-4 Financial Information Statement for Individuals

Section 1: Tell us about yourself and your employment

Part A: Your information

1 Marital status single married separated
If married, complete your spouse's information in Part B.

2 Your name _____

3 Street address _____
City _____ State _____ ZIP _____

4 Home phone (_____) _____

5 Social Security number _____-_____-_____

6 Unemployed yes no If "yes," how long. _____

7 Current or former employer's name _____

8 Address _____
City _____ State _____ ZIP _____

9 Work phone (_____) _____

10 Occupation _____

11 Filing status single married filing jointly
 head of household married filing separately

12 Average monthly take-home pay \$ _____

13 Amounts withheld from your paycheck (e.g., savings, bonds, deferred amounts, car payments, etc.) \$ _____

14 Dates paid _____

15 Length of employment _____

16 Date of birth ____/____/____

17 Name and address of next of kin (other than spouse)
Name _____
Street address _____
City _____ State _____ ZIP _____

Part B: Your spouse's information

18 Spouse's name _____

19 Address (if different) _____
City _____ State _____ ZIP _____

20 Home phone (if different) (_____) _____

21 Social Security number _____-_____-_____

22 Unemployed yes no If "yes," how long. _____

23 Current or former employer's name _____

24 Address _____
City _____ State _____ ZIP _____

25 Work phone (_____) _____

26 Occupation _____

27 Average monthly take-home pay \$ _____

28 Amounts withheld from your paycheck (e.g., savings, bonds, deferred amounts, car payments, etc.) \$ _____

29 Dates paid _____

30 Length of employment _____

31 Date of birth ____/____/____

Section 2: Complete the following financial information

Note: Attach additional sheets in the same format for any of the following parts if necessary.

Part A: Your bank accounts (include savings and loans, credit unions, IRA and retirement plans, and certificates of deposit)

	A	B	C	D	E
	Name of institution	Address	Type of account	Account number	Balance
32	_____	_____	_____	_____	_____
33	_____	_____	_____	_____	_____
34	_____	_____	_____	_____	_____
35	_____	_____	_____	_____	_____
36	_____	_____	_____	_____	_____
37	_____	_____	_____	_____	_____

38 Add Lines 32 through 37, Column E, and write the total here and on Part G, Line 56, Column B.

38 _____

Part B: Your charge cards or credit lines from your banks, credit unions, and savings and loans

A Type of account or card	B Name and address of financial institution	C Current balance
39 _____	_____	_____
40 _____	_____	_____
41 _____	_____	_____
42 _____	_____	_____
43 _____	_____	_____
44 Add Lines 39 through 43, Column C, and write the total here and on Part G, Line 57, Column C.		44 _____

Part C: Real property you own

A Brief description of property	B How property is titled	C Physical address	D County
45 _____	_____	_____	_____
46 _____	_____	_____	_____
47 _____	_____	_____	_____

Part D: Your life and health insurance policies

A Insurance company	B Policy number	C Type	D Face amount	E Available loan value
48 _____	_____	_____	_____	_____
49 _____	_____	_____	_____	_____
50 Add Lines 48 and 49, Column E, and write the total here and on Part G, Line 60, Column B.				50 _____

Part E: Your securities (e.g., stocks, bonds, annuities, mutual funds, money market funds, government securities, notes, personal, etc.)

A Type of security	B Location	C Owner of record	D Quantity or denomination	E Present value
51 _____	_____	_____	_____	_____
52 _____	_____	_____	_____	_____
53 Add Lines 51 and 52, Column E, and write the total here and on Part G, Line 61, Column B.				53 _____

Part F: Miscellaneous information

- 54 a Are foreclosure, bankruptcy, receivership, or assignment for benefit of creditors proceedings pending? Yes No
- b What is the bankruptcy number? _____
- c What date was the bankruptcy filed? _____ / _____ / _____ If closed, what was the date? _____ / _____ / _____
Month Day Year Month Day Year

Part G: Analyze your assets and liabilities

Note: Write amounts in all unshaded areas that apply

A Description	B Fair market value	C Liabilities balance due	D Equity (Column B minus Column C)	E Monthly payment amount	F Pledgee or obligee	G Date of final payment
55 Cash						
56 Total bank accounts from Section 2, Part A, Line 38						
57 Total charge cards balance from Section 2, Part B, Line 44						
58 Vehicles (model, year)						
a _____						
b _____						
c _____						
59 Real property listed in Section 2, Part C, (Line 45) (Line 46) (Line 47)						
60 Total cash or loan value of insurance from Section 2, Part D, Line 50						
61 Total securities from Section 2, Part E, Line 53						
62 Other assets (specify)						
a _____						
b _____						
c _____						
63 Other liabilities not covered above (e.g., judgments, charities, tuition)						
a _____						
b _____						
c _____						
64 Federal taxes owed						
65 State taxes owed						
a Illinois individual income tax						
b Illinois business income tax						
c Other state taxes						
66 Total						

Part H: Analyze your monthly income and expenses

Income			Necessary monthly living expenses		
A Source	B Gross	C Net	A Expense	B Amount	
67	Your wages or salary	_____	78	Rent (not included in Part G, Line 59)	_____
68	Your spouse's wages or salary	_____	79	Groceries (number of people _____)	_____
69	Interest or dividends	_____	80	Installment pmts. from Part G, Line 66, Col. E	_____
70	Business income	_____	81	Utilities a gas	_____
71	Rental income	_____		b water	_____
72	Your pension	_____		c electric	_____
73	Your spouse's pension	_____		d telephone	_____
74	Child support	_____	82	Transportation	_____
75	Alimony	_____	83	Insurance a life	_____
76	Other (specify)	_____		(monthly b health	_____
_____	_____	_____		premiums) c home	_____
_____	_____	_____		d car	_____
_____	_____	_____	84	Medical (not covered in Line 83b above)	_____
_____	_____	_____	85	Estimated tax payments	_____
_____	_____	_____	86	Court-ordered payments	_____
_____	_____	_____	87	Other (specify)	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	88	Add Lines 78 through 87. This amount is your total expenses.	_____
77	Add Lines 67 through 76, Column C. This amount is your total net income.	_____	89	Subtract Line 88 from Line 77. This amount is your net income after expenses.	_____

Part I: Complete any additional asset or income information

90 Write any additional information you have about your assets or income that was not included in any of the preceding parts. Be sure to include a statement regarding the prospect of any increase in the value of your assets or your present income.

Section 3: Sign below

Under penalties of perjury, I state that I have examined this statement of assets, liabilities, and other information and, to the best of my knowledge, it is true, correct, and complete.

_____ / ____ / _____ _____ / ____ / _____
Petitioner's signature (not representative) Date Spouse's signature Date