

Balance Sheet		ETO #
Participant Name:	Date:	
ASSETS		
Checking Account(s) (total balance)	_____	
Savings Account(s) (total balance)	_____	
Cash - not in any type of account (total balance)	_____	
Vehicle 1 (market value)	_____	
Vehicle 2 (market value)	_____	
Other Investments/Assets - Stocks/Bonds/Mutual Funds/IRA/Retirement Accounts, etc. (total value)	_____	
College Savings Account (529 or other) (total value)	_____	
Business (estimated market value)	_____	
TOTAL ASSETS	_____	
LIABILITIES		
Housing		
Rent	_____	
Rental Insurance	_____	
Other	_____	

	Total Housing _____	
Transportation		
Vehicle 1 (loan balance)	_____	
Vehicle 2 (loan balance)	_____	

	Total Transportation _____	
Credit Cards/Other Loan Balances		
Credit Card(s) (combined account balances)	_____	
Student Loans(s) (total balance)	_____	
Consumer Loans(s) (total balance)	_____	
Business Loan(s) (total balance)	_____	
Informal Loan(s) - money owed to family, friends, etc. (total balance)	_____	

	Total Credit Cards/Other Loan Balances _____	
Unpaid Bills (not in collections)		
Unpaid Utilities (total balance)	_____	
Unpaid Rent (total balance)	_____	
Unpaid Medical Bills (total balance)	_____	
Money owed to banks and/or credit unions, i.e. bank overdrafts, bounced checks (total balance)	_____	
Other (total balance)	_____	

	Total Unpaid Bills (not in collections) _____	
Collections/Judgements		
Medical Collections only (total balance)	_____	
All Other Collections (total balance)	_____	
Child Support in Arrears (total balance)	_____	
Back Taxes Owed (total balance)	_____	
Other Public Records (not including Child Support Arrears and Back Taxes)	_____	

	Total Collections/Judgments _____	
TOTAL LIABILITIES	_____	
NET WORTH		
Total Assets	_____	
Total Liabilities	_____	
TOTAL NET WORTH	_____	