



# 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
<b>55</b> Cash						
<b>56</b> Total bank accounts from Section 2, Part A, Line 38						
<b>57</b> Total charge cards balance from Section 2, Part B, Line 44						
<b>58</b> Vehicles (model, year)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>59</b> Real property listed in Section 2, Part C, (Line 45) (Line 46) (Line 47)						
<b>60</b> Total cash or loan value of insurance from Section 2, Part D, Line 50						
<b>61</b> Total securities from Section 2, Part E, Line 53						
<b>62</b> Other assets (specify)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>63</b> Other liabilities not covered above (e.g., judgments, charities, tuition)						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>64</b> Federal taxes owed						
<b>65</b> State taxes owed						
<b>a</b> Illinois individual income tax						
<b>b</b> Illinois business income tax						
<b>c</b> Other state taxes						
<b>66</b> 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 (monthly b health premiums) c home d car	_____
76 Other (specify)	_____	_____	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.	_____	_____	89	_____

**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

