

**Collin County CSCD  
Financial Profile**

**Spouse/Others Working or Receiving Benefits Residing with Applicant**

Name(s)	Age	Relationship	Social Security Number
_____	____/____	_____	_____
_____	____/____	_____	_____
_____	____/____	_____	_____

Dependent's Name(s)	Resides w/Applicant	Age	Relationship
_____	Yes / No	____/____	_____
_____	Yes / No	____/____	_____
_____	Yes / No	____/____	_____

Do you have medical insurance? Yes / No

**Monthly Income- All sources**

My Take Home Pay	\$ _____		Interest Income	\$ _____
Spouse's Take Home Pay	\$ _____		Rental Income	\$ _____
Welfare/ Food Stamps	\$ _____		Alimony (Received)	\$ _____
Social Security	\$ _____		Retirement/Pension/IRA	\$ _____
Unemployment	\$ _____		Business Income	\$ _____
Disability	\$ _____		Royalties, Trusts, Corps.	\$ _____
Medicaid	Yes / No		Other (Describe)	\$ _____

**Residence**

Place of Residence: ☐ Rent ☐ Own Appraised Value (Own)\$ \_\_\_\_\_

**Personal Assets**

Real Property Owned (e.g. Land, Buildings, etc) Appraised Value(s): \$ \_\_\_\_\_

Description/Location: \_\_\_\_\_

Current Checking Account Balance \$ \_\_\_\_\_

Current Savings Account Balance \$ \_\_\_\_\_

Retirement Plan(s) (401 K, IRA, Pension) Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Stocks and Bonds (Describe) \_\_\_\_\_ Value \$ \_\_\_\_\_

Expenses	Monthly Payment	Expenses	Monthly Payment
Rent or Mortgage	\$ _____	Cable TV or Satellite TV	\$ _____
Car Payment	\$ _____	Entertainment	\$ _____
Medical	\$ _____	Other	\$ _____
Child Care	\$ _____	Payment to CSCD	\$ _____
Child Support	\$ _____	Payment to Court	\$ _____
Water	\$ _____		
Gas	\$ _____		
Home Telephone	\$ _____		
Cell Phone	\$ _____		
Electricity	\$ _____		
Food	\$ _____		
Insurance-Health, Car, Life, Homeowners, etc.	\$ _____		

Name \_\_\_\_\_ Case number \_\_\_\_\_

Other financial considerations I want the court to know which impacts my ability to pay fees, cost of device(s), or class(s). (Optional)

Do you currently have a payment plan with the Clerk's Office or CSCD? Yes / No

Will someone be helping you pay your fines, fees and court costs? Yes / No

If Yes, who \_\_\_\_\_

### Acknowledgement and Declaration

By signing my name below, I swear, that all of the above information about my financial condition is **current, accurate, and true**. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand (\$10,000).

I hereby authorize any designated representative of Collin County Community Supervision and Corrections Department to conduct a thorough investigation of my statements. I understand this could include verifications of all information given and obtaining reports from credit reporting agencies and other governmental agencies.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### Staff Use Only (Comments):

	Amount	# of Dependents	Monthly Payment	
Total Income	\$		\$	
Assets	\$	Cash Available	\$	

CSRO or CSCD Representative:

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date