

Auditor and Controller
Office of Revenue and Recovery
Financial Statement

PERSONAL INFORMATION									
Last Name			First Name			MI		ORR Account No.	
Alias(es) – Other names used			Race/Ethnicity		Primary Language			Gender	
Social Security Number			Date of Birth		Driver's License No.		State		Immigration No.
Address						City		State	Zip Code
Home Phone Number			Cell Phone Number			Consent to Text? Yes <input type="checkbox"/> No <input type="checkbox"/>		Work Phone Number	
E-mail Address					Unemployed Yes <input type="checkbox"/>	Consent to Email? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer						Occupation			FT/PT/TEMP
Employer Address						City		State	Zip Code
FAMILY INFORMATION									
Name of Spouse - Last Name			First Name				MI	Number of Dependents Living with you:	
INCOME AND ASSETS									
Net Monthly Income \$			Additional Income Amount \$		Additional Income Source(s)		Bank Name		
Cash on Hand \$			Savings Account Balance \$		Checking Account Balance \$		Bank Account No.		
Unemployment Income \$		Supplemental Security Income (SSI) \$			Social Security Disability Insurance (SSDI) \$			Retirement/Pension \$	
PUBLIC BENEFITS									
Food Stamps (CalFresh) \$			CalWORKs (Cash Aid) \$				General Relief \$		
MONTHLY BASIC EXPENSES									
Rent/Mortgage \$			Telephone/ Cell Phone \$				Auto Payment \$		
Utilities (Gas, Water, Electricity) \$			Child, School Care \$				Auto Insurance \$		
Food/Household Supplies/Personal Care \$			Child/Spousal Support \$				Auto Fuel \$		
Clothing \$			Medical / Dental \$				Public Transportation \$		
Cable TV / Internet/ Streaming Services \$			Credit Cards \$				Other Monthly Expenses \$		
							Total Monthly Expenses \$		
CONSENT AND CERTIFICATION									
<p>This financial statement will be used to update your account and determine your ability to pay your obligation owed to the County of San Diego. I hereby authorize the Office of Revenue and Recovery and its duly appointed officer to contact and receive employment and/or financial information from my employer, bank, and/or creditors. I expressly consent to receiving calls, including autodialed, prerecorded, and text messages calls for all ORR business related matters, from ORR and/or its agents to any telephone numbers that I have provided or may provide in the future, including cell phone numbers.</p> <p><i>I certify that the above information is correct and give the Office of Revenue & Recovery permission to audit my account with the intent to clear any liens and judgments against me.</i></p>									
I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE.									
Signature							Date		