

HOUSEHOLD EXPENSES AND INCOME FORM

List your monthly expenses:

EXPENSES:	Monthly Payments	Balance Owing
Rent/Mortgage	\$ \$	
Property taxes (if not included in mortgage)	\$	\$
Utilities: Gas and Electric (monthly average)	\$	\$
Water and Sewer	\$	\$
Phone (local and long distance)	\$	\$
Cable TV/Satellite TV	\$	\$
Garbage	\$	\$
Food	\$	\$
Clothing (monthly average)	\$	\$
Personal needs (household, laundry, soaps, haircut)	\$	\$
Misc. (newspaper, magazines, cigarettes)	\$	\$
Transportation: Gas	\$	\$
Car maintenance (mthly estimated)	\$	\$
Bus/Taxi	\$	\$
Tags, Registration, inspection, Prop tax	\$	\$
Child Care/tuition/supplies, etc.	\$	\$
Insurance: House/Rental	\$	\$
Health	\$	\$
Car	\$	\$
Church/charities	\$	\$
Cellphone/pager	\$	\$
Other (specify)	\$	\$
DEBTS:		
Loans: Car Payment (s)	\$	\$
Appliance/Furniture loans	\$	\$
Student Loans	\$	\$
Other	\$	\$
Credit Card(s)	\$	\$
Store Card(s)	\$	\$
Medical bills/prescriptions/co-pays/dental/optical	\$	\$
TOTAL PAYMENTS	\$	

Do you receive subsidized housing Line	Yes (the amount subsidized is \$)
Do you receive subsidized child care ☐No ☐	Yes (the amount subsidized is \$)
Do you receive TANF benefits ☐No	☐Yes (the amount is \$)
Have you received TANF in the last 2 years	□No □Yes (Date of last check)
Medical assistance ☐No ☐Yes	

Food Stamps ☐No ☐Yes (the amo	ount received is \$)
From what agency		
Money in Checking or Savings Acc	count \$	
Note: You will need at least \$250 payment and your taxes, tags and	_	otain a car for your down payment, first insurance
List your sources of income:		
Gross monthly income (paycheck	amount before taxes)	:
Please list below your monthly ho	ousehold income from	all sources
Monthly Totals Pay Check (after taxes)	\$	Person receiving income
Alimony	\$	
Child Support	\$	
TANF Assistance	\$	
SSI/SSDI	\$	
VA Benefits	\$	
Unemployment	\$	
Other Sources of Income	\$	
Total Monthly Income	\$	