## 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 No YYes (the amount subsidized is \$ $\qquad$
Do you receive subsidized child care $\square$ No (the amount subsidized is \$ $\qquad$ )

Do you receive TANF benefits $\quad \square N o \quad Y e s$ (the amount is $\$ \ldots$ ___)
Have you received TANF in the last 2 years
DNo -Yes (Date of last check $\qquad$ _)

Medical assistance $\square$ No YYes

Food Stamps [No (the amount received is \$ $\qquad$ _)

From what agency
Money in Checking or Savings Account \$ $\qquad$
Note: You will need at least $\$ 250$ - $\$ 300$ in savings to obtain a car for your down payment, first insurance payment and your taxes, tags and title fees at VA DMV.

## List your sources of income:

Gross monthly income (paycheck amount before taxes): $\qquad$
Please list below your monthly household income from all sources.

Monthly Totals
Pay Check (after taxes)
Alimony
Child Support
TANF Assistance
SSI/SSDI
VA Benefits
Unemployment
Other Sources of Income
Total Monthly Income

## Person receiving income

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