

Name _____

MONTHLY INCOME

Salary from Employment <i>(take home pay)</i>	\$	SNAP/Food Support	\$
Salary from others	\$	MFIP/GA	\$
Any Income from Social Security	\$	Child Support	\$
Pension	\$	Spousal Support	\$
Rental Income	\$	Financial Support from Others	\$
Interest/Dividend Payment	\$	Other Income	\$
Unemployment	\$		\$

TOTAL INCOME: \$ _____

MONTHLY EXPENSES

Rent/Mortgage	\$	Medical Insurance/Premiums/Spenddowns	\$
Rent/Home Insurance	\$	Health-related Expenses <i>(co-pays, meds, etc)</i>	\$
Electric/Gas/Water	\$	Child Care	\$
Phone/TV/Internet	\$	Tuition/Education/Student Loans	\$
Food	\$	Minimum Credit Card Payment	\$
Car Payment	\$	Pet Care	\$
Car Insurance	\$	Bus/Taxi/Transportation	\$
Gas	\$	Other Expenses	\$

TOTAL EXPENSES: \$ _____