|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Family Name: |  | Date: |  | | | | | | | | | | | |
| **Monthly Income:** Please list all sources of income (include real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.) | | | | | | | | | | |
| Income Source: | |  | | | | Monthly Net | $ | | | |
| Income Source: | |  | | | | Monthly Net | $ | | | |
| Income Source: | |  | | | | Monthly Net | $ | | | |
| Income Source: | |  | | | | Monthly Net | $ | | | |
| Current Savings: | |  | | | |  | $ | | | |
| Total Monthly Net Income | | | | | | | $ | | | |
| **Monthly Expenses:** if an item does not apply to your budget please indicate with “n/a” | | | | | | | | | | |
| Rent or mortgage (including taxes and insurance) | | | | | | | | | | $ |
| Rental property (including any mortgage, taxes, insurance, and expenses) | | | | | | | | | | $ |
| Telephone/Cell Phone/Cable/Internet | | | | | | | | | | $ |
| Water | | | | | | | | | | $ |
| Gas | | | | | | | | | | $ |
| Electricity | | | | | | | | | | $ |
| Groceries and Household Supplies | | | | | | | | | | $ |
| Pet Care | | | | | | | | | | $ |
| Day Care/Child Care/School Tuition | | | | | | | | | | $ |
| Car Payments | | | | | | | | | | $ |
| Gasoline and Auto Maintenance | | | | | | | | | | $ |
| Auto Insurance | | | | | | | | | | $ |
| Clothing | | | | | | | | | | $ |
| Recreation and Entertainment | | | | | | | | | | $ |
| Medical and Dental Care (not covered by insurance) | | | | | | | | | | $ |
| Health, Dental & Life Insurance Payments (not deducted from paycheck) | | | | | | | | | | $ |
| Prescription Medications (all household members) | | | | | | | | | | $ |
| Child Support or Alimony Payments | | | | | | | | | | $ |
| Tithe and Charitable Giving | | | | | | | | | | $ |
| Regular Savings/Investments | | | | | | | | | | $ |
| Credit Card Payments | | | | | | | | | | $ |
| Other Loan Payments | | |  | | | | |  | | $ |
| Other (Specify) |  | | | | | | |  | | $ |
|  |  | | | | | | |  | | $ |
| Total Monthly Expenses | | | | | | | | | | $ |
| Total Monthly Income | | | | | | | | | | $ |
| Remaining Resources | | | | | | | | | | $ |
| (income minus expenses) | | | | | | | | | | $ |
| Does your family have Medical Insurance coverage? | | | | | Yes  No | | Company: | |  | |
| Do you and/or your spouse have Life Ins. coverage? | | | | | Yes  No | | Company: | |  | |
| Have you declared bankruptcy in the past year? | | | | | Yes  No | |  | |  | |
| If yes, please explain: | | | |  | | | | | | |