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| 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: |  |