

# 2018 Client Income/Expense Worksheet

**ASSISTANCE REQUESTED: (PLEASE CHECK BOXES FOR ALL ASSISTANCE REQUESTED)**

- RENT/MORTGAGE   
  ELECTRIC   
  HEATING   
  MEDICAL   
  DENTAL   
  OPTICAL   
  FOOD  
 PRESCRIPTION   
  TRANSPORTATION   
  COUNSELING   
  EDUCATIONAL   
  TRAINING

OTHER: \_\_\_\_\_

**ACTUAL HOUSEHOLD INCOME/BENEFITS FOR PAST 30 DAYS:**

Name		Name	
	EMPLOYMENT – YOURS: \$		MONTHLY CHILD SUPPORT(Received): \$
	EMPLOYMENT – SPOUSE: \$		UNEMPLOYMENT: \$
	SOCIAL SECURITY – YOURS: \$		PENSION: \$
	SOCIAL SECURITY – SPOUSE: \$		WORKER'S COMP: \$
	SSI BENEFITS: \$		OTHER: \$
	SNAP AMOUNT: \$		OTHER: \$
	SNAP AMOUNT \$		OTHER: \$
	HOUSING ASSISTANCE: \$		OTHER: \$
	TANF: \$	<b>TOTAL MONTHLY INCOME</b> \$	

**ACTUAL BILLS FOR PAST 30 DAYS:**

*(VOLUNTEERS PLEASE PLACE A CHECK IN THE SQUARE BY EACH BILL ACTUALLY PAID)*

	RENT/MORTGAGE: \$		CELL PHONE: \$
	ELECTRIC: \$		CABLE/INTERNET: \$
	HEATING: \$		OTHER: \$
	WATER/SEWER: \$		OTHER: \$
	FOOD: \$		OTHER: \$
	MEDICAL: \$		OTHER: \$
	AUTO PAYMENT: \$		OTHER: \$
	GASOLINE: \$		OTHER: \$
	CAR INSURANCE: \$		OTHER: \$
	HOME INSURANCE: \$	<b>TOTAL MONTHLY EXPENSES:</b> \$	
	LIFE INSURANCE: \$	<b>TOTAL MONTHLY INCOME:</b> \$	
	HOME PHONE: \$	<b>INCOME – EXPENSES=</b> + \$	

**THIS SECTION FOR OFFICE USE ONLY:**

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

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