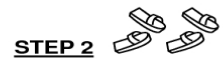




# Monthly Household Income-Expense Statement



Applicant and Co-applicant Names: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other:	
Total	

### Co-applicant Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other:	
Total	

### Other Household Member(s) Income

Income Source	Monthly Net Amount
Wages	
Social Security Benefits	
Food Stamps	
Child Support	
TANF	
Other:	
Total	

### Essential Monthly Living Expenses

Expense	Monthly Amount	Past Due Amount
Rent/Mortgage		
Real Estate Taxes		
Property Insurance		
Natural Gas		
Electric		
Water/Sewer/Garbage		
Heating fuel (divide yearly amount by 12)		
Telephone: Landline		
Telephone: Cellular		
Groceries		
General Household Supplies		
Monthly Education Expenses		
Health Insurance		
Prescription Medications		
Health Care		
Car Payment 1		
Car Payment 2		
Gasoline		
Auto Insurance		
Vehicle tax/registration		
Taxi or Bus Fare		
Other transportation:		
Child Day Care		
Child Support (if not deducted from paycheck)		
Credit Card		
Credit Card		
Credit Card		
Personal Loan		
Payday Loan		
Other debt:		
Other:		
TOTAL		Do Not Total Past Due

**Total Income**  
(All 3 Totals From Above)

**Total Expenses**  
(Both Totals From Right)

**Deficit/Surplus**  
(Total Income Minus Total Expenses)

### Discretionary Monthly Expenses

Expense	Monthly Amount	Past Due Amount
Salon appointments/Barber Shop		
Cable or Satellite Television		
Internet Service		
Entertainment and General Recreation		
Clothing Purchases (divide yearly amount by 12)		
Laundromat & Dry Cleaning Expenses		
Pet Care		
Tobacco Products		
Alcohol		
Donations and/or Tithing		
Gifts (divide yearly amount by 12)		
Rental Storage Unit		
Other:		
Other:		
TOTAL		Do Not Total Past Due