



Monthly Household Income-Expense Statement

STEP 2

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 | |

Total Income
(All 3 Totals From Above)

Total Expenses
(Both Totals From Right)

Deficit/Surplus
(Total Income Minus Total Expenses)

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 |

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 |