

**Fairfield County Job & Family Services  
Income vs. Expense Worksheet**

Please complete for all members in the household for the past 30 days.

Last 30 Days Income		Amount	
Employment		\$	
Unemployment Compensation		\$	
Workers' Compensation		\$	
SSI/Social Security		\$	
Child Support		\$	
OWF Monthly Cash Assistance		\$	
Food Stamp Direction Card		\$	
Other (specify)		\$	
<b>Total:</b>		\$	
Household Expenses	Amount Owed	I have paid this	
Rent/Mortgage		Y	N
Rent/Homeowner Insurance		Y	N
Electric		Y	N
Household Gas		Y	N
Water/Sewer/Trash		Y	N
Home Phone		Y	N
Cellular Phone		Y	N
Grocery (out-of-pocket expense)		Y	N
Cable Television/Satellite		Y	N
Internet Services		Y	N
Other		Y	N
Transportation Expenses	Amount Owed	I have paid this	
Vehicle Payment(s)		Y	N
Auto Maintenance		Y	N
Auto Insurance		Y	N
Gasoline		Y	N
Medical Expenses	Amount Owed	I have paid this	
Doctor Visits		Y	N
Health Insurance		Y	N
Prescriptions		Y	N
Other medical		Y	N
Personal Expenses	Amount Owed	I have paid this	
Childcare		Y	N
Child Support		Y	N
School fees		Y	N
Credit Cards		Y	N
Laundry		Y	N
Cigarettes		Y	N
Legal Fees/Court Fines		Y	N
Other		Y	N
<b>FOR OFFICE USE ONLY</b>	<b>Total:</b>		
	<b>Difference:</b>		