

INCOME AND EXPENSE SHEET

APPLICANT: _____
ADDRESS: _____ MAP ____ LOT(S) _____

PLEASE FILL IN ALL LINES BELOW

MONTHLY INCOME:

GROSS SALARY	_____
RENTAL INCOME	_____
AFDC	_____
CHILD SUPPORT	_____
DISABILITY CHECKS or SSI	_____
SOCIAL SECURITY	_____
PENSION	_____
WELFARE PAYMENTS	_____
INTEREST/DIVIDEND INCOME	_____
OTHER INCOME NOT LISTED ABOVE	_____
TOTAL MONTHLY INCOME	_____

MONTHLY EXPENSES: (ACTUAL AMOUNT SPENT — NOT WHAT IS OWED)

MORTGAGE PAYMENT	_____
FOOD (LESS FOOD STAMPS)	_____
PERSONAL ITEMS (SHAMPOOS, ETC)	_____
CLOTHING	_____
REAL ESTATE TAXES *	_____
SEWER *	_____
WATER *	_____
MEDICINE *	_____
MEDICAL (DOCTOR, HOSPITAL) *	_____
CAR PAYMENT _____	_____
HOUSE INSURANCE	_____
CAR INSURANCE	_____
CREDIT CARD PAYMENTS *	_____
HEATING (LESS ANY ASSISTANCE)	_____
ELECTRICITY (LESS ANY ASSISTANCE)	_____
BASIC MONTHLY TELEPHONE	_____
OTHER EXPENSES (PLEASE LIST)	_____
_____	_____
_____	_____
TOTAL MONTHLY EXPENSES	_____

(OVER)

