

## INCOME & EXPENSE WORKSHEET

*Please provide an itemized list of all **Household Incomes** and **Household Expenses**. Use blank rows as necessary to provide additional Income or Expense information.*

Monthly Household Income		Monthly Household Expenses	
Net Wages (after taxes)	\$	Mortgage/Rent	\$
Social Security/Retirement	\$	Property Taxes (monthly average)	\$
Food Stamps/TANF	\$	Utilities (water, sewer, gas, garbage)	\$
Child Support	\$	Phone (cell phone, home phone)	\$
Other State Cash Payments	\$	Internet/TV	\$
	\$	Car Payments/Car Insurance	\$
	\$	Groceries	\$
	\$	Medical/Dental/Vision Insurance	\$
	\$	Personal Care Costs (clothing, shoes, toiletries, etc.)	\$
	\$	Child Care	\$
	\$	Credit Card Payment	\$
	\$	Past Due Bills (please list bill type and total amount due in this column and monthly payment in next column)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

Please provide an itemized list of all **Household Assets** and **Household Liabilities**. Use blank rows as necessary to provide additional Asset or Liability information.

<b>Household Assets (Totals Only)</b>		<b>Household Liabilities (Totals Only)</b>	
Cash or Savings	\$	Amount Owed on Home	\$
Stocks and/or Bonds	\$	Amount Owed on Automobiles	\$
Home Value	\$	Credit Card Debt	\$
Automobile Value (please list all automobiles owned)	\$	Medical/Dental/Vision Debt	\$
Boats & RVs	\$	Student Loan Debt	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Life Insurance (please list each policy and value below)			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>