



Income/Expense Report

Name: _____ **Date:** _____

How often do you get paid? Circle one: daily weekly every 2 weeks twice monthly monthly

Monthly net wages	Income	Monthly exact or average expenses	Expenses	Owed or Overdue
Wages1 Gross _(name)		Housing		
Wages1 Net		Electricity		
Wages 2 Gross _(name)		Gas		
Wages 2 Net		Water		
Wages 3 Gross _(name)		Phone (maximum 70.00)		
Wages 3 Net		Car Payment (maximum \$400.00)		
Social Security		Gasoline		
S.S.I.		Auto Insurance		
Veteran's Disability		Home Insurance		
Retirement		Health Insurance		
Food Stamps		Groceries		
TANF		School Lunches		
Family		School Expenses		
Friends		Laundry		
Unemployment		Clothing/Shoes		
Worker Comp.		Medical		
Child Support		Prescriptions		
Other Agencies		Child Care		
Any Other Income		Child Support		
		Loans (explain purpose)		
		Other (explain)		
Total Income		Total Expenses		

Name: _____ **Date:** _____

Please make a list of all your assets such as savings, money market accounts, and certificates of deposits, investments, retirement accounts, boats, recreation vehicles, real estate and automobiles.

How many vehicles do your family own? _____ Please list the year, color and make of all vehicles:

Vehicle one _____ Vehicle two _____

Vehicle three _____

If you do not own a vehicle, how did you get here today? _____

What was the crisis event that caused you to seek assistance? _____

List three people who know you and can contact you if we cannot reach you. Please give a daytime telephone number for those 3 people. If we are unable to leave you a message, we may not be able to assist you.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____