VERIFABLE EXPENSES

Please list what you "***OWED***" **last month**. Then what you actually "***PAID***" last month. Indicate with a "**B**" or "**N**" if it was a **B**asic necessity or a **N**on-basic necessity.

	OWED	***PAID***	***B or N***		***OWED***	***PAID***	***B or N***
Mortgage/Rent	$_____	$_____	_____	School/College	$_____	$_____	_____
Taxes	$_____	$_____	_____	Videos	$_____	$_____	_____
House Ins.	$_____	$_____	_____	Magazines	$_____	$_____	_____
Electricity	$_____	$_____	_____	Subscriptions	$_____	$_____	_____
Water	$_____	$_____	_____	Movies/Plays/Theatre	$_____	$_____	_____
Sewer	$_____	$_____	_____	Restaurants	$_____	$_____	_____
Heating Oil	$_____	$_____	_____	Child Support	$_____	$_____	_____
Propane	$_____	$_____	_____	Alimony	$_____	$_____	_____
Trash	$_____	$_____	_____	Health Ins.	$_____	$_____	_____
Home Phone	$_____	$_____	_____	Life Ins.	$_____	$_____	_____
Cell Phones	$_____	$_____	_____	Tobacco	$_____	$_____	_____
Internet	$_____	$_____	_____	Alcohol	$_____	$_____	_____
Cable	$_____	$_____	_____	Credit Cards	$_____	$_____	_____
Auto Loan	$_____	$_____	_____	Licenses	$_____	$_____	_____
Auto Ins.	$_____	$_____	_____	Auto Registration	$_____	$_____	_____
Auto Fuel	$_____	$_____	_____	Entertainment	$_____	$_____	_____
Food	$_____	$_____	_____	Appliance/Furniture	$_____	$_____	_____
Household Supplies	$_____	$_____	_____	Charitable Donations	$_____	$_____	_____
Diapers/Baby Needs	$_____	$_____	_____	Taxi/Bus	$_____	$_____	_____
Medicine	$_____	$_____	_____	Membership Fees	$_____	$_____	_____
Dr. /Hospital Bills	$_____	$_____	_____	Clothing	$_____	$_____	_____
Child Care	$_____	$_____	_____	Fines	$_____	$_____	_____
Pet Supplies	$_____	$_____	_____	Other_____	$_____	$_____	_____
Debts/Loans/Bank Fees	$_____	$_____	_____	Other_____	$_____	$_____	_____
Tithe/Offering	$_____	$_____	_____	Other_____	$_____	$_____	_____
				TOTALS	**$**0_____	**$**0_____	**$**_____

Signature_____ _____ Date _____

INCOME

Please list all Income/Revenue for the past **30 days**.
If you receive payments weekly then multiply by 4.
If you receive payments every other week, then multiply by 2

NET Wages from Employment	$_____	$ From Friends/ Family	$_____
Social Security	$_____	$ From the Sale of Something	$_____
Disability	$_____	$ From a Loan	$_____
Unemployment	$_____	$ From an Agency	$_____
TANF	$_____	Bills Paid by Someone Else	$_____
Retirement/Pension	$_____	Items Given to You	$_____
Child Support	$_____	Returned Merchandise	$_____
Alimony	$_____	Rental Property	$_____
Tax Rebate	$_____	Annuities	$_____
Insurance Money	$_____	Inheritance/Trust Fund	$_____
Odd Jobs	$_____	Earned Interest	$_____
Babysitting	$_____	Investment Income	$_____
SNAP (food stamps)	$_____	Veterans Benefits	$_____
Recycling	$_____	Tax Refund	$_____
Borrowed	$_____	Other_____	$_____
Monetary Gifts	$_____	Other_____	$_____

TOTAL $_____

Signature_____ Date_____