



**FINANCIAL INFORMATION**

**INCOME:**

Checking/Savings Account: \$ \_\_\_\_\_/total

Monthly Income:

Current Take Home Pay	\$ _____/month
Spouse/Partner Current Take Home Pay	\$ _____/month
Food Stamps	\$ _____/month
Social Security	\$ _____/month
SSI	\$ _____/month
Investment Income	\$ _____/month
Disability Income	\$ _____/month
Unemployment Income	\$ _____/month
ALL Other sources of Income	\$ _____/month (family, church, friends, etc.)

Are you on Medicare? Y / N \$ \_\_\_\_\_/mo Medicaid? Y / N \$ \_\_\_\_\_/mo Have health insurance? Y / N

TOTAL INCOME: \$ \_\_\_\_\_/mo

**EXPENSES:**

Please list the average monthly amount for each item below

Home:	*Own _____	Rent _____		
Housing Payment	\$ _____/mo	\$ _____	outstanding*	\$ _____ Est. value*
Phone:	\$ _____/mo			
Gas/Electric:	\$ _____/mo		Car Ins.	\$ _____/mo
Water:	\$ _____/mo		Property Ins.	\$ _____/mo
Cable:	\$ _____/mo		Property Tax	\$ _____/mo
Car Payments:	\$ _____/mo		Health Ins.*	\$ _____/mo
			*List only if not paid through B&T	
Fuel:	\$ _____/mo		Life/Disability Ins.*	\$ _____/mo
			*List only if not paid through B&T	
Childcare:	\$ _____/mo		Credit Cards	\$ _____/mo _____ outstanding
Food:	\$ _____/mo		Other Debt (cc, etc.):	\$ _____/mo _____ outstanding
Personal Living Exp.	\$ _____/mo		Other:	_____

TOTAL EXPENSES: \$ \_\_\_\_\_/mo

Any other information we should know about?

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