

INCOME AND EXPENSE STATEMENT

MONTHLY INCOME		MONTHLY EXPENSES	
Employment		Rent/Mortgage Payment	\$
Caregiver #1	\$	Insurance	
*Net monthly income, after deductions (if using paystubs- the average amount of 2 pay stub statements provided less than 90 days old)		Home	\$
Caregiver #2	\$	Car	\$
*Net monthly income, after deductions(if using paystubs- the average amount of 2 pay stub statements provided less than 90 days old)		Health	\$
Other Income (specify Type)	\$	Car Payment (make/model/year)	
	\$	1.	\$
	\$	2.	\$
	\$	3.	\$
	\$	Utilities	
	\$	Electricity	\$
Savings:	\$	Telephone	\$
		Water	\$
		Gas	\$
		Cable	\$
		Charge Accounts (List cards) (Average monthly payment)	
		1.	\$
		2.	\$
		3.	\$
Any income documented on this form needs to include backup, verifiable documentation for the licensing file.		Child Support Payments:	\$
		Other Expenses:	
		Food & Household Supplies	\$
		Gas (vehicle)	\$
		Clothes	\$
		Child Care	\$
		Recreation	\$
		Other (specify)	\$

Total Monthly Income: \$ _____

Total Monthly Expenses \$ _____

Caregiver: #1 _____ Date _____

Caregiver #2 _____ Date _____