

## EMPLOYMENT INCOME

**SELF:** Hourly Wage \_\_\_\_\_ X number of hours per week \_\_\_\_\_ X 4=Gross monthly wage \$ \_\_\_\_\_

**OTHER:** Hourly Wage \_\_\_\_\_ X number of hours per week \_\_\_\_\_ X4=Gross monthly wage \$ \_\_\_\_\_

## OTHER SOURCES OF INCOME

MFIP/DWP-CASH	\$ _____	UNEMPLOYMENT/WORKER'S COMP	\$ _____
FOOD STAMPS	\$ _____	ENERGY ASSISTANCE	\$ _____
GENERAL ASSISTANCE	\$ _____	HOUSING ASSISTANCE	\$ _____
CHILD SUPPORT	\$ _____	SOCIAL SECURITY OR SSI	\$ _____
MEDICAL ASSISTANCE	\$ _____	ASSISTANCE FROM FAMILY	\$ _____

**TOTAL MONTHLY GROSS INCOME** \$ \_\_\_\_\_

EXPENSES AND AMOUNTS	\$ DUE MONTHLY	\$ PAID THIS MONTH	\$ PAST DUE
RENT,MORTGAGE, LOT RENT			
ELECTRIC			
GAS			
FOOD			
CHILD CARE			
TRANSPORATION-GAS/TRAC			
CAR INSURANCE			
LOANS-CAR/STUDENT			
PRESCRIPTIONS			
MEDICAL PREMIUMS			
DOCTOR VISITS (COPAYS)			
CHILD SUPPORT			
PHONE			
EXTRA EXPENSE THIS MONTH			
CHARGE CARDS			
CABLE			
INTERNET			
CIGARETTES			
ALCOHOL			
BANK OVERDRAFTS			
COURT FINES			
<b>TOTALS</b>			
DO YOU HAVE HEALTH INSURANCE?	Yes _____ No _____	DENTAL? Yes _____ No _____	
DO YOU HAVE PRESCRIPTION COVERAGE?	Yes _____ No _____		
IS DEPENDENT COVERAGE AVAILABLE?	Yes _____ No _____		

### DO YOU PARTICIPATE IN ANY OF THESE PROGRAMS?

MAC (MOTHERS AND CHILDREN) _____	WIC (WOMEN, INFANTS, CHILDREN) _____
ANGEL FOOD MINISTRY _____	NAPS (NUTRITION ASSIST FOR SENIORS) _____
HARBOR FOOD DISTRIBUTION _____	THURSDAY NIGHT CHURCH DINNERS _____
FREE/REDUCED LUNCHES _____	FARE SHARE _____