

**INCOME AND EXPENSE INFORMATION**

I, \_\_\_\_\_, hereby state under oath that the following information is true and correct. I understand that, at any hearing, I may be required to prove these amounts by testimony and by records such as pay vouchers, canceled checks, receipts, and bills.

A. Total **monthly** income received by applicant and spouse, if applicable (attach copy of most recent pay statement from each employer). Enter N/A in any blank which is not applicable to your circumstances.

	<u>Gross</u>	<u>Deductions*</u>	<u>Net</u>	<u>Supplemental**</u>	<u>Adjust. Net</u>
1. Applicant's income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Spouse's income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\* In the table below, itemize **only** compulsory deductions for federal income tax, Social Security, Medicare, etc.

Deduction	Purpose	Monthly Amount

\*\* In the table below, itemize all supplemental income (i.e. child support, etc.)

Description	Monthly Amount

B. Total **monthly** expenses usually incurred by applicant and household members in addition to those itemized as being deducted from income as noted in Section A. Express amounts as a monthly average where applicable.

- 1. Rent or mortgage \$ \_\_\_\_\_
- 2. Utilities \$ \_\_\_\_\_
- 3. Telephone
  - a. Cellular \$ \_\_\_\_\_
  - b. other \$ \_\_\_\_\_
- 4. Groceries & household items \$ \_\_\_\_\_
- 5. Meals away from home \$ \_\_\_\_\_

- 6. School lunches \$ \_\_\_\_\_
- 7. Dental/orthodontia \$ \_\_\_\_\_
- 8. Medical & prescriptions \$ \_\_\_\_\_
- 9. Laundry & dry cleaning \$ \_\_\_\_\_
- 10. Vehicle payment(s) \$ \_\_\_\_\_
- 11. Gas & vehicle maintenance \$ \_\_\_\_\_
- 12. Clothing \$ \_\_\_\_\_
- 13. Insurance -- car \$ \_\_\_\_\_
- 14. Insurance -- life \$ \_\_\_\_\_
- 15. Insurance -- health \$ \_\_\_\_\_
- 16. Child care \$ \_\_\_\_\_
- 17. Cable TV & newspaper \$ \_\_\_\_\_
- 18. Child support or alimony paid to other persons \$ \_\_\_\_\_
- 19. Total monthly payments for credit cards, installment loans, etc. \$ \_\_\_\_\_ (itemize in the table below)

Description of Debt	Balance	Minimum Monthly Payment

20. Other (Itemize in the table below) \$ \_\_\_\_\_

Description	Amount

TOTAL EXPENSES (add items 1 - 20 above) \$ \_\_\_\_\_

C. Total of funds remaining after expenses are deducted from \_\_\_\_\_ \$ \_\_\_\_\_  
Adjusted Net Income listed in Section A (subtract Section A  
Total from Section B total)

I have completed the Income and Expense Information sheets and I have attached (*check all that apply*):

- \_\_\_\_\_ copies of my federal income tax return, or evidence of my earnings, for the previous two (2) years
- \_\_\_\_\_ an affidavit as to my efforts to obtain the fees from other sources (e.g. family members, friends, financial institutions)
- \_\_\_\_\_ an affidavit as to why I did not meet the timely filing deadline (if I am requesting a waiver of any late fees)
- \_\_\_\_\_ other: \_\_\_\_\_

I hereby affirm and swear that all of the facts and statements contained herein are true and correct.

Signature of Affiant: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of Notary