



**Catholic Charities
of Diocese of Ft. Worth
Subject: Screening**

COA: CSE 2.04
Applies to: Financial Assistance Program

**Monthly Income and Expenses
Form**

Form:2031-21
Effective: January 1, 2009
Revised: December 15, 2008

Directions:

1. Complete Monthly Income and Expenses Form.
2. Note the order of importance in which you pay your expenses, with 1 being the most important.
3. Total income and expenses at the bottom of each column.
4. If your expenses are higher than your income, discuss ways to increase your income or decrease your expenses.

Do you keep track of your monthly expenses in writing? Yes No
Are you normally able to pay all of your monthly expenses? Yes No

<u>Income</u>		<u>Expenses</u>	
Wages/Salary	\$	Fixed Expenses	
Social Security	\$	Rent/Mortgage	\$
SSI	\$	Property taxes/insurance	\$
Unemployment	\$	Trash collection	\$
Worker's Compensation	\$	Cable/Internet	\$
Child Support/Alimony	\$	Car payment	\$
TANF	\$	Car insurance	\$
Food Stamps	\$	Loan payment	\$
WIC	\$	Day care/Elder care	\$
Family/Friends	\$	Life Insurance	
Gifts	\$	Flexible Expenses	
Other	\$	Electricity	\$
		Gas	\$
		Water	\$
		Telephone/Cell phone	\$
		Food (groceries & out)	\$
		Transportation/Gas	\$
		Car maintenance	\$
		Education	\$
		Personal (toiletries, clothing, etc.)	\$
		Charity/Donations	\$
		Savings	\$
		Medical	\$
		Prescription/Medication	\$
		Child support/Alimony	\$
		Other expenses	
			\$
			\$
			\$
Total Income:		Total Expenses:	