



**SECTION 4. - MONTHLY INCOME**

List your gross wage and net wage for the previous 12 months. Gross wage is the money you earn before tax deductions and net wage is the money you earn after tax deductions.

a. Gross Wage \$ \_\_\_\_\_  
 Net Wage \$ \_\_\_\_\_  
 b. Employer \_\_\_\_\_  
 \_\_\_\_\_

List all other sources of income from the prior month.

c. Social Security after Medicare Premium \$ \_\_\_\_\_  
 d. Retirement \$ \_\_\_\_\_  
 e. Veteran's Benefits \$ \_\_\_\_\_  
 f. Unemployment \$ \_\_\_\_\_  
 g. Health and Welfare \$ \_\_\_\_\_  
 h. SSD \$ \_\_\_\_\_  
 i. Alimony \$ \_\_\_\_\_  
 j. Child Support \$ \_\_\_\_\_  
 k. Food Stamps \$ \_\_\_\_\_  
 l. Interest \$ \_\_\_\_\_  
 m. Dividends \$ \_\_\_\_\_  
 n. Rental Income \$ \_\_\_\_\_  
 o. Escrow \$ \_\_\_\_\_  
 p. Fuel Crisis Moneys \$ \_\_\_\_\_  
 q. Income Tax Refunds \$ \_\_\_\_\_  
 r. Other \$ \_\_\_\_\_

**TOTAL** Income for the previous month; Add lines a. through r. \$ \_\_\_\_\_

**COUNTY USE ONLY**

<b>TOTAL INCOME</b>	\$ _____
<b>TOTAL EXPENSE</b>	\$ _____
<b>DISPOSABLE</b>	\$ _____

**SECTION 5. - MONTHLY EXPENSES**

List all of your expenses by month; include the names of your creditors (if applicable), your monthly payments and the total balance owed to each creditor.

Expense	Creditor	Monthly Payment	Balance Owed	County Use Only
a. Mortgage	_____	\$ _____	\$ _____	\$ _____
b. Space Rent	_____	\$ _____	\$ _____	\$ _____
c. Food	_____	\$ _____	\$ _____	\$ _____
d. Non-Food	_____	\$ _____	\$ _____	\$ _____
e. Clothing	_____	\$ _____	\$ _____	\$ _____
f. Electricity	_____	\$ _____	\$ _____	\$ _____
g. Water/Sewer Garbage	_____	\$ _____	\$ _____	\$ _____
h. Heat	_____	\$ _____	\$ _____	\$ _____
i. Telephone	_____	\$ _____	\$ _____	\$ _____
j. Trans/Gas	_____	\$ _____	\$ _____	\$ _____
k. Car Payment	_____	\$ _____	\$ _____	\$ _____
l. Auto Ins.	_____	\$ _____	\$ _____	\$ _____
m. Heath Ins.	_____	\$ _____	\$ _____	\$ _____
n. Life Ins.	_____	\$ _____	\$ _____	\$ _____
o. Fire Ins.	_____	\$ _____	\$ _____	\$ _____
p. Hospital	_____	\$ _____	\$ _____	\$ _____
q. Doctors/ Dentist	_____	\$ _____	\$ _____	\$ _____
r. Prescription Medication	_____	\$ _____	\$ _____	\$ _____
s. O/C Meds	_____	\$ _____	\$ _____	\$ _____
t. Child Care	_____	\$ _____	\$ _____	\$ _____
u. Misc Other	_____	\$ _____	\$ _____	\$ _____

**TOTAL** monthly expenditures and total balances owed (add lines a. through s.) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Are taxes and/or homeowner's insurance included in your monthly mortgage payment?

Yes  No



**TRASH EXEMPTIONS ARE GRANTED FOR ONE YEAR.  
A NEW APPLICATION IS REQUIRED EACH YEAR.**

**SECTION 8 - FOR YOUR SIGNATURE**

*CERTIFY*, to the best of my knowledge and belief that the information provided herein is true and correct.

\_\_\_\_\_ / / \_\_\_\_\_  
Applicant's Signature Date

I have assisted the applicant with completing this form:

\_\_\_\_\_ / / \_\_\_\_\_  
Signature Date

**SECTION 9 - NOTARY OF PUBLIC**

Subscribed and Sworn  
before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_.

Notary Expires \_\_\_\_/\_\_\_\_/\_\_\_\_