

FILE #: \_\_\_\_\_

Income vs. Expense

## RISE Disaster Case Management Consortium Household Monthly Income vs. Expenses

Client's Name \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

▶ *Instructions for completing this form are on Page 2* ◀

| Expenses                           |                |
|------------------------------------|----------------|
| Category                           | Monthly Amount |
| Rent/Mortgage                      |                |
| Property Taxes                     |                |
| Condo/Co-op Assoc Fees             |                |
| Renter's/Homeowner's Insurance     |                |
| Property Maintenance & Repair      |                |
| <b>Utilities</b>                   |                |
| Gas                                |                |
| Electric                           |                |
| Oil                                |                |
| Propane                            |                |
| Trash                              |                |
| Sewer                              |                |
| Water                              |                |
| <b>Telephone</b>                   |                |
| Home                               |                |
| Home                               |                |
| Cell                               |                |
| Cell                               |                |
| Pager                              |                |
| Internet Access                    |                |
| Cable/Satellite TV                 |                |
| Food                               |                |
| Clothing                           |                |
| <b>Auto</b>                        |                |
| Car Payment                        |                |
| Car Payment                        |                |
| Insurance                          |                |
| Repairs & Maintenance              |                |
| Gasoline                           |                |
| Tolls                              |                |
| License/Registrations              |                |
| Transportation (bus, subway, etc.) |                |
|                                    |                |
| <b>Subtotal Page 1</b>             |                |

| Expenses                            |                                 |
|-------------------------------------|---------------------------------|
| Category                            | Monthly Amount                  |
| Medical                             |                                 |
| Insurance/Cobra                     |                                 |
| Deductibles, co-pays, Rx's          |                                 |
| Life Insurance premiums             |                                 |
| <b>Expenses related to Children</b> |                                 |
| Child Support                       |                                 |
| Childcare/Daycare                   |                                 |
| Tuition                             |                                 |
| Room, board                         |                                 |
| Transportation                      |                                 |
| Books                               |                                 |
| Uniforms                            |                                 |
| Sports, Clubs, Camps                |                                 |
|                                     |                                 |
|                                     |                                 |
| <b>Credit Cards*</b>                | <b>Indicate Monthly Minimum</b> |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
| <b>Loans (not mortgage, auto)*</b>  | <b>Indicate Monthly Minimum</b> |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
|                                     |                                 |
| Charitable Contributions            |                                 |
| Other Expenses                      |                                 |
|                                     |                                 |
|                                     |                                 |
| <b>Subtotal Column 2</b>            |                                 |

\* please complete table on page 2

