

# HOUSEHOLD EXPENSE FORM

for last 30 days

from \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number in Household: \_\_\_\_\_

## INCOME

(All money I had in last 30 days)



## EXPENSES

(How I spent this money-not what you owe)



	Adult #1	Adult#2		Adult #1	Adult #2
Earnings #1			Medical/Rx		
Earnings #2			Housing		
TANF (not Food Stamps)			Food (not Food Stamps)		
Savings			Electric (AEP)		
Tax Refund			Gas (NIPSCO)		
Social Security			City Utilities		
Disability (SS)			Telephone/Cell		
Unemployment Benefits			Paper Products Personal Hygiene		
Child Support			Cable TV/Dish/Internet		
Pensions			Laundry		
Money from Family/Friend			Child Care		
Churches/Agency			Car Payment, Gas, Car Insurance, Bus Pass, Taxi, Repairs		
Other Income			Clothing		
Stimulus Check			School		
Utility Allowance			Credit/Loan Payment		
Cash App			Other Expenses		
<b>Total \$</b>			<b>Total \$</b>		