

# 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<br>Personal Hygiene                             |          |          |
| Child Support            |          |         | Cable TV/Dish/Internet   |          |          |
| Pensions                 |          |         | Laundry  |          |          |
| Money from Family/Friend |          |         | Child Care   |          |          |
| Churches/Agency          |          |         | Car Payment, Gas,<br>Car Insurance, Bus<br>Pass, Taxi, Repairs |          |          |
| Other Income             |          |         | Clothing   |          |          |
| Stimulus Check           |          |         | School   |          |          |
| Utility Allowance        |          |         | Credit/Loan<br>Payment   |          |          |
| Cash App                 |          |         | Other Expenses   |          |          |
|                          |          |         |  |          |          |
|                          |          |         |  |          |          |
|                          |          |         |  |          |          |
| <b>Total \$</b>          |          |         | <b>Total \$</b>  |          |          |