Name(s) of Those in Need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME/EXPENSE ANALYSIS FORM**

 Amount Comment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INCOME** |  |  |
|  | Salary |  |  |
|  | Welfare |  |  |
|  | SSN/SSDI |  |  |
|  | Food Stamps |  |  |
|  | Child/Spouse Support |  |  |
|  | Parent/Sibling Support |  |  |
|  | Savings |  |  |
|  | Other |  |  |
|  | Total | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EXPENSES** |  |  |
| 1 | Auto - Gas |  |  |
| 2 | Auto - Maintenance |  |  |
| 3 | Auto Payments |  |  |
| 4 | Cell Phone |  |  |
| 5 | Clothing |  |  |
| 6 | Credit Card Debt |  |  |
| 7 | Gas/Electric |  |  |
| 8 | Education |  |  |
| 9 | Food |  |  |
| 10 | Heat/Oil |  |  |
| 11 | Auto Insurance |  |  |
| 12 | Insurance - Health |  |  |
| 13 | Insurance – Life |  |  |
| 14 | Miscellaneous |  |  |
| 15 | Mortgage/Rent |  |  |
| 16 | Internet |  |  |
| 17 | Water |  |  |
| 18 | Taxes – Real Estate |  |  |
| 19 | Other Loans/Payments |  |  |
|  | Total | $ |  |