

HOUSEHOLD INCOME/EXPENSE FORM

FOR LAST 30 DAYS

FROM _____ TO _____

Name: _____

Address: _____

Number in household: _____

Income (Money I had in last 30 days)

Expenses (How I spent this money)

Earnings #1		Housing	
Earnings #2		Food	
AFDC		Electric	
Savings		Gas	
Tax Refund		Water	
Social Security		Sewage	
Disability (SSI)		Telephone and/or cell phone	
Child Support		Cable/ Dish TV	
Unemployment Benefits		Medical	
Pensions		Child Care	
Money from Family/Friend		Car payments	
Churches/Agencies		Insurance payments	
Other Income:		School	
		Clothing	
		Personal Products/Paper goods	
		Credit card or loan payments	
TOTAL		TOTAL	

