

Household Expense Sheet

Please complete this form to the best of your abilities using your household information. When you visit the personal needs pantry next month, please bring your completed expense sheet to your appointment. This is an important step in creating a functional household budget.

FAMILY NAME: _____ DATE: _____

MONTHLY INCOME:

SOURCE OF INCOME	AMOUNT
INCOME 1:	
INCOME 2:	
CHILD SUPPORT:	
SPOUSAL SUPPORT/ALIMONY:	
SOCIAL SECURITY:	
WV WORKS:	
OTHER (SPECIFY):	
OTHER (SPECIFY):	
TOTAL MONTHLY INCOME:	

MONTHLY EXPENSES:

HOUSING:	UTILITIES:	TRANSPORTATION:
MORTGAGE/RENT:	ELECTRIC:	CAR PAYMENT 1:
TAXES & INSURANCE:	GAS/PROPANE:	CAR PAYMENT 2:
WARRANTIES:	WATER/SEWAGE:	CAR INSURANCE:
REPAIRS/IMPROVEMENTS:	TRASH/RECYCLING:	GASOLINE/DIESEL:
OTHER (SPECIFY):	PHONE/CELL:	PARKING:
OTHER (SPECIFY):	OTHER (SPECIFY):	OTHER (SPECIFY):
	OTHER (SPECIFY):	OTHER (SPECIFY):

FAMILY EXPENSES:	MEDICAL EXPENSES:	INSURANCE PREMIUMS:
GROCERIES:	PRESCRIPTIONS:	LIFE:
CLOTHING:	MEDICAL EQUIPMENT:	DISABILITY:
DINING OUT:	PHYSICAL THERAPY:	MEDICAL:
CHILD-CARE:	FITNESS MEMBERSHIPS:	DENTAL:
ACTIVITIES/LESSONS:	PAYMENT ARANGEMENTS:	VISION:
PERSONAL NEEDS:	CO-PAYMENTS:	OTHER (SPECIFY):
OTHER (SPECIFY):	OTHER (SPECIFY):	OTHER (SPECIFY):
DEBT PAYMENTS:	PET CARE:	OTHER:
PERSONAL LOANS:	FOOD/FEED:	OTHER (SPECIFY):
STUDENT LOANS:	VET CARE:	OTHER (SPECIFY):
OTHER (SPECIFY):	OTHER (SPECIFY):	OTHER (SPECIFY):
OTHER (SPECIFY):	OTHER (SPECIFY):	OTHER (SPECIFY):

TOTAL MONTHLY EXPENSES:	
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