



Monthly Household Income & Expense Worksheet

Please fill in every line and use N/A if the item is not applicable. Please attach your two most recent pay stubs or a copy of your tax return for the previous year.

Name: _____

Household Monthly Income	
Income from The MENTOR Network	
Other employment income	
Spouse or partner's total income	
Alimony or child support received	
Other income/payments received (unemployment, social security, short term disability, etc.)	
Total Household Income	

Estimated Monthly Expenses (for all financially responsible adults in the home)	
Rent/mortgage	
Car payment	
Gas or other transportation costs for work	
Food	
Electricity	
Telephone (cell phone and land line)	
Cable	
Child care	
Tuition	
Water	
Sewer	
Heat	
Insurance (house)	
Insurance (car)	
Medical/dental/counseling expenses	
Medication co-pays	
Credit card payments	
Miscellaneous (clothes, haircuts, other debt payments, etc.)	
Loans (specify)	
Total Monthly Expenses	