



**Catholic Charities  
of Diocese of Ft. Worth  
Subject: Screening**

COA: CSE 2.04  
Applies to: Financial Assistance Program

**Monthly Income and Expenses  
Form**

Form:2031-21  
Effective: January 1, 2009  
Revised: December 15, 2008

**Directions:**

1. Complete Monthly Income and Expenses Form.
2. Note the order of importance in which you pay your expenses, with 1 being the most important.
3. Total income and expenses at the bottom of each column.
4. If your expenses are higher than your income, discuss ways to increase your income or decrease your expenses.

Do you keep track of your monthly expenses in writing?                      Yes                      No  
Are you normally able to pay all of your monthly expenses?              Yes                      No

<u>Income</u>		<u>Expenses</u>	
Wages/Salary	\$	<b>Fixed Expenses</b>	
Social Security	\$	Rent/Mortgage	\$
SSI	\$	Property taxes/insurance	\$
Unemployment	\$	Trash collection	\$
Worker's Compensation	\$	Cable/Internet	\$
Child Support/Alimony	\$	Car payment	\$
TANF	\$	Car insurance	\$
Food Stamps	\$	Loan payment	\$
WIC	\$	Day care/Elder care	\$
Family/Friends	\$	Life Insurance	
Gifts	\$	<b>Flexible Expenses</b>	
Other	\$	Electricity	\$
		Gas	\$
		Water	\$
		Telephone/Cell phone	\$
		Food (groceries & out)	\$
		Transportation/Gas	\$
		Car maintenance	\$
		Education	\$
		Personal (toiletries, clothing, etc.)	\$
		Charity/Donations	\$
		Savings	\$
		Medical	\$
		Prescription/Medication	\$
		Child support/Alimony	\$
		<b>Other expenses</b>	
			\$
			\$
			\$
<b>Total Income:</b>		<b>Total Expenses:</b>	