

## Fairfield County Job & Family Services Income vs. Expense Worksheet

Please complete for all members in the household for the past 30 days.

Last 30 Days Income		Amount	
Employment		\$	
Unemployment Compensation		\$	
Workers' Compensation		\$	
SSI/Social Security		\$	
Child Support		\$	
OWF Monthly Cash Assistance		\$	
Food Stamp Direction Card		\$	
Other (specify)		\$	
<b>Total:</b>		\$	
Household Expenses		Amount Owed	I have paid this
Rent/Mortgage			Y    N
Rent/Homeowner Insurance			Y    N
Electric			Y    N
Household Gas			Y    N
Water/Sewer/Trash			Y    N
Home Phone			Y    N
Cellular Phone			Y    N
Grocery (out-of-pocket expense)			Y    N
Cable Television/Satellite			Y    N
Internet Services			Y    N
Other			Y    N
Transportation Expenses		Amount Owed	I have paid this
Vehicle Payment (s)			Y    N
Auto Maintenance			Y    N
Auto Insurance			Y    N
Gasoline			Y    N
Medical Expenses		Amount Owed	I have paid this
Doctor Visits			Y    N
Health Insurance			Y    N
Prescriptions			Y    N
Other medical			Y    N
Personal Expenses		Amount Owed	I have paid this
Childcare			Y    N
Child Support			Y    N
School fees			Y    N
Credit Cards			Y    N
Laundry			Y    N
Cigarettes			Y    N
Legal Fees/Court Fines			Y    N
Other			Y    N
<b>FOR OFFICE USE ONLY</b>		<b>Total:</b>	
		<b>Difference:</b>	

