

INCOME AND EXPENSE STATEMENT OF _____

I verify that the statements made in this Income and Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Date: _____

INCOME

Employer: _____

Address: _____

Type of Work: _____

Payroll Number: _____

Pay Period (weekly, biweekly, etc.): _____

Gross Pay per Pay Period: \$ _____

Itemized Payroll Deductions:

Federal Withholding \$ _____

Social Security _____

Local Wage Tax _____

State Income Tax _____

Retirement _____

Savings Bonds _____

Credit Union _____

Life Insurance _____

Health Insurance _____

Other (specify) _____

Net Pay per Pay Period: \$ _____

Other Income:

	Week	Month	Year
	(Fill in Appropriate Column)		
Interest	\$ _____	\$ _____	\$ _____
Dividends	_____	_____	_____
Pension	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Rents	_____	_____	_____
Royalties	_____	_____	_____
Expense Account	_____	_____	_____
Gifts	_____	_____	_____
Unemployment Comp.	_____	_____	_____
Workmen's Comp.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

TOTAL INCOME \$ _____

	Weekly	Monthly	Yearly
	(Fill in Appropriate Column)		
EXPENSES			
Home			
Mortgage/rent	\$ _____	\$ _____	\$ _____
Maintenance	_____	_____	_____
Utilities			
Electric	_____	_____	_____
Gas	_____	_____	_____
Oil	_____	_____	_____
Telephone	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____

EXPENSES, continued

Weekly Monthly Yearly
 (Fill in Appropriate Column)

Personal

Clothing \$ _____ \$ _____ \$ _____

Food _____ _____ _____

Barber/hairdresser _____ _____ _____

Credit payments

 Credit card _____ _____ _____

 Charge account _____ _____ _____

Memberships _____ _____ _____

Loans

Credit Union \$ _____ \$ _____ \$ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Miscellaneous

Household help \$ _____ \$ _____ \$ _____

Child care _____ _____ _____

Papers/books/magazines _____ _____ _____

Entertainment _____ _____ _____

Pay TV _____ _____ _____

Vacation _____ _____ _____

Gifts _____ _____ _____

Legal fees _____ _____ _____

Charitable contributions _____ _____ _____

Other child support _____ _____ _____

Alimony payments _____ _____ _____

Other

_____ \$ _____ \$ _____ \$ _____

_____ _____ _____ _____

 Total expenses \$ _____ \$ _____ \$ _____

PROPERTY OWNED

	Description	Value	Ownership		
			H	W	J
Checking accounts	_____	\$_____			
Savings accounts	_____	_____			
Credit Union	_____	_____			
Stocks/bonds	_____	_____			
Real estate	_____	_____			
Other	_____	_____			
	Total	\$_____			

INSURANCE

	Company	Policy No.	Coverage*		
			H	W	C
Hospital					
Blue Cross	_____	_____			
Other	_____	_____			
Medical					
Blue Shield	_____	_____			
Other	_____	_____			
Health/Accident	_____	_____			
Disability Income	_____	_____			
Dental	_____	_____			
Other	_____	_____			