

**Georgia Department of Human Services
Division of Family and Children
Services EXPENSE STATEMENT**

CLIENT ID:

Application Review Change

How does your household pay the following

EXPENSE	AMOUNT DUE	bills? HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage				
Property Taxes				
Property Insurance				
Utilities				
a. Electricity				
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water Sewage				
e. Garbage				
f. Telephone				
SUBTOTAL				
Medical Expenses				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL				

1. Does anyone pay any of these bills or any other household bills for you? If yes, who pays the bills?

Yes

No

What bills are paid?

2. Do you share the costs of monthly bills with anyone? If yes, who?

Yes

No

What costs?

3. Comments / Documentation

STATEMENT OF INCOME AND RESOURCES

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

Wages or Salaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips or Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability or sick pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Self-employment or Odd jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interest or Dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension or Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rental Property Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child support or Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Military Allotments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adoption Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foster/Relative Care Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contributions from others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other income (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of these questions, please describe below.

Household Member	Type/Source of Income	Amount of Income	How often received

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

Cash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Funeral Plans/Prepaid Burial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burial Plots or Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Union Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks and Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Government Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-Home Place Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Deposit Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Accounts (401K, IRA, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real Home/Home Place Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Have you or your spouse given away or sold any assets for less than their value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.