|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services****Monthly Family Income and Expenditures** |

*This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family*

 *life. Many of the items listed below may not be met on a monthly basis, and for them it may be convenient to calculate for the yearly*

 *amount and divide by 12. Leave blank the items that do not apply to you. This form is to be completed by parents, prospective*

 *foster/adoptive parents and relative caregivers.*

| **Applicant** | **Co-Applicant** |
| --- | --- |
|       |       |
| ***Name*** | ***Name*** |

|  |
| --- |
| **RESOURCES** |
| Savings Account | $       | Checking Account | $       |
| Other (Specify) |       | $       | Other (Specify) |        | $       |
| Other (Specify) |       | $       | Other (Specify) |        | $       |
| **EMPLOYMENT AND MONTHLY INCOME** |
|  | **Applicant** | **Co-Applicant** |
| Occupation |       |       |
| Employer |       |       |
| How long in current position? |       |       |
| Gross Monthly Income from Employment | $       | $       |
| Additional Monthly Income (Give Source)  | $       | $       |
| Total Combined Monthly Income | $       |
| **Applicant** | **Co-Applicant** |
|       |       |
| **Monthly Expenditures** |
| **Home payment**: | Rent | $       |
|  | Home Mortgage | $       |
| **Utilities:** | Electricity  | $       |
|  | Water | $       |
|  | Telephone | $       |
|  | Heating/Cooling | $       |
|  | Gas | $       |
| **Insurance:** | Homeowner’s or Renter’s | $       |
|  | Medical | $       |
|  | Car | $       |
|  | Life | $       |
| **Installment Payments for:** | Credit card | $       |
|  | Personal Loans | $       |
|  | Other (specify)       | $        |
| **Other Expenses**: | Food | $       |
|  | Clothing | $       |
|  | Medical and Dental | $       |
|  | School Expenses | $       |
|  | Recreation | $       |
|  | Church and Charity | $       |
| **Other** (specify) |       | $       |
| **Other** (specify) |       | $        |
|  | **Total Monthly Expenditures:** | $       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |       |  |  |  |       |
| ***Applicant’s Signature*** |  | ***Date*** |  | ***Co-Applicant’s Signature*** |  | ***Date*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Proof of Income on File: |  Yes [ ]   |  No [ ]   |  |  |       |
|  |  | ***Home Study Writer’s Verification Signature*** |  | ***Date*** |