|  |  |
| --- | --- |
|  | **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*** |