**LIVING EXPENSE FORM**

All adult household members reporting zero or limited income (less than $100 monthly per household member) must complete this form. All questions **MUST BE** answered. Round each value to the nearest whole dollar. This form must be completed in *blue or black* ink.

**HOUSEHOLD INFORMATION**

**(Please list all members)**

|  |  |  |  |
| --- | --- | --- | --- |
| **First & Last Name** | **Source of Income** | **Relationship** | **Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**INCOME & ASSETS**

“Check” and provide the **Monthly** amount of income/assets received for all household members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Wages**

**$** | * **Alimony**

**$** | * **Unemployment**

**$** | * **VA**

**$** | * **Work Paid**

**“under the table”****$** |
| * **Retirement/**

**Pension****$** | * **Workers’**

**Comp****$** | * **SS/SSI/SSDI**

**$** | * **OWF/TANF**

**$** | * **Self- Employment**

**$** |
| * **Child Support**

**$** | * **Money from Family and Friends**

**$** | * **Other**

**$** |

**UTILITIES**

“Check” and provide the **Monthly** cost.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Gas/Propane**

$ | * **Electric**

**$** | * **Water/Sewer**

**$** | * **Trash**

**$** | * **None**
 |

**FOOD**

|  |  |
| --- | --- |
| Is any member of the household receiving food stamps? Yes No | Additional groceries you receive from family, friends, etc. Monthly Amount $ |
| Does anyone purchase food from restaurants, fast food, and/or carry outs?Yes No Monthly Amount $  |

**COMMUNICATION**

“Check” and provide the **Monthly** cost.

|  |  |  |  |
| --- | --- | --- | --- |
| * **Cell Phone**

$ | * **Landline**

$ | * **Internet**

$ | * **Cable TV or Satellite**

$ |

 **TRANSPORTATION**

“Check” and provide the average **Monthly** cost.

|  |  |  |  |
| --- | --- | --- | --- |
| * Car Payments

$ | * Insurance

$ | * Gas

$ | Cost for maintenance on your vehicle **per year** (tires, oil changes, tune ups, brakes, etc.)$ |
| **If your household does not have a vehicle, provide what your household uses for transportation and the average Monthly cost for this transportation.** |
| * Bus

$ | * Cab/Taxi

$ | * Bike

$ | * Walk
 | * Rides from Family/Friends

$ |

**HOUSEHOLD ITEMS**“Check” the Household items used/consumed by each member and provide the average **Monthly** cost of the item (WHOLE DOLLAR AMOUNT).

|  |  |  |  |
| --- | --- | --- | --- |
| * Tissues/Kleenex
 | $ | * Body Wash/ Soap
 | $ |
| * Paper Towels & Napkins
 | $ | * Lotion and Cream
 | $ |
| * Toilet Paper
 | $ | * Shaving Foam/Gel
 | $ |
| * Trash Bags
 | $ | * Razors
 | $ |
| * Plastic Bags, Foil, Plastic Wrap, Containers
 | $ | * Feminine Care

(tampons, pads, etc.) | $ |
| * Kitchen Cleaners
 | $ | * Toothpaste/ Dental Floss
 | $ |
| * Dish Soap
 | $ | * Tooth Brushes
 | $ |
| * Pan Scrubbers & Brushes
 | $ | * Deodorant
 | $ |
| * Vacuum Bags
 | $ | * Shampoo and Conditioner
 | $ |
| * Dusters
 | $ | * Perfume/ Cologne
 | $ |
| * Bathroom Cleaners
 | $ | * Hair Products
 | $ |
| * Air Fresheners
 | $ | * Makeup
 | $ |
| * Batteries
 | $ | * Over the counter medicine
 | $ |
| * Laundromat Costs
 | $ | * First Aid Products
 | $ |
| * Laundry Detergent
 | $ | * Diapers/ Wipes
 | $ |
| * Dryer Sheets, Softener
 | $ | * Baby Products (oil, lotion, powder)
 | $ |
| * Animal Food/ Supplies
 | $ | * Other not mentioned
 | $ |

**YEARLY SUPPLIES**

“Check” the items used yearly and provide the *Average* **yearly** cost

|  |  |  |  |
| --- | --- | --- | --- |
| * Underwear
 | $ | * Shirts, Tops, T-Shirts
 | $ |
| * Socks
 | $ | * Pens, Folders, Binders
 | $ |
| * Shoes and Boots
 | $ | * Back Packs
 | $ |
| * Coats and Jackets
 | $ | * Lunch Boxes
 | $ |
| * Hats, Gloves, and Scarves
 | $ | * Rulers, Calculators
 | $ |
| * Sweat- shirts, hoodies
 | $ | * Sheets, blankets, towels
 | $ |
| * Jeans, slacks, shorts
 | $ | * Other
 | **$** |

**ADDITIONAL EXPENSES**

Please “Check” and provide the average **Monthly** cost on the following items.

|  |  |  |  |
| --- | --- | --- | --- |
| * Cigarettes

$ | * Beer/Liquor/Wine

$ | * Pool/Fitness Club

$ | * School Events

$ |
| * Bars/ Night Club

$ | * Sport Events

$ | * Toys/ Games

$ | * Concerts/Movies

$  |
| * Video Rentals

$ | * Rent to Own

$ | * Child Support

$ | * Prescriptions/Medical Bills

$ |
| * Credit Cards

$ | * Tithe/ Donate

$ | * Cash Advances

$ | * Other

$ |

I do hereby swear and attest that I currently have zero or limited income and all of the information provided on this form is true and correct. (Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments or agency of the United States Government.) I also Understand that all changes in my income and the income of any member of the household must be reported to the HCVP (Section 8) office within ten (10) days of the change on the “Update Form” and provide documentation of all changes in income. I also acknowledge that HCVP (Section 8) will use the Enterprise Income Verification (EIV) to verify income.

**Head Of Household Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_**

**Other Adult Household Member (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_**