

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

\$ _____

EXPENSES

	Weekly	Monthly	Yearly
	(Fill in Appropriate Column)		

Home

Mortgage/rent	\$ _____	\$ _____	\$ _____
Maintenance	_____	_____	_____
Utilities			
Electric	_____	_____	_____
Gas	_____	_____	_____
Oil	_____	_____	_____
Telephone	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____

EXPENSES, continued

Weekly Monthly Yearly
(Fill in Appropriate Column)

Employment

Public transportation \$ _____ \$ _____ \$ _____

Lunch _____ _____ _____

Taxes

Real estate \$ _____ \$ _____ \$ _____

Personal property _____ _____ _____

Income _____ _____ _____

Insurance

Homeowners \$ _____ \$ _____ \$ _____

Automobile _____ _____ _____

Life _____ _____ _____

Accident _____ _____ _____

Health _____ _____ _____

Other _____ _____ _____

Automobile

Payments \$ _____ \$ _____ \$ _____

Fuel _____ _____ _____

Repairs _____ _____ _____

Medical

Doctor \$ _____ \$ _____ \$ _____

Dentist _____ _____ _____

Orthodontist _____ _____ _____

Hospital _____ _____ _____

Medicine _____ _____ _____

Special needs (glasses, braces,
orthopedic devices) _____ _____ _____

Education

Private school \$ _____ \$ _____ \$ _____

Parochial school _____ _____ _____

College _____ _____ _____

Religious _____ _____ _____

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	_____	_____	__	__	__

