

## F. Income

When listing your income please include child support, EBT, rent assistance, utility assistance, disability, SSI, retirement etc. (Paychecks- list your Gross pay)

|                             | <b>Income</b> | <b>Weekly/ Monthly</b> | <b>Amount</b> |
|-----------------------------|---------------|------------------------|---------------|
| 1.                          | _____         | _____                  | \$ _____      |
| 2.                          | _____         | _____                  | \$ _____      |
| 3.                          | _____         | _____                  | \$ _____      |
| 4.                          | _____         | _____                  | \$ _____      |
| 5.                          | _____         | _____                  | \$ _____      |
| <b>Total Monthly Income</b> |               |                        | \$ _____      |

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## G. Bills

Please list all bills, and the amount of each bill. Indicate whether this bill is paid weekly, monthly, etc. This section should include, rent, lights, cablevision, furniture, phone, cell phone, auto, etc.

|                            | <b>Who is bill paid to</b> | <b>Bill Due<br/>monthly or weekly</b> | <b>Amount</b> |
|----------------------------|----------------------------|---------------------------------------|---------------|
| 1.                         | _____                      | _____                                 | \$ _____      |
| 2.                         | _____                      | _____                                 | \$ _____      |
| 3.                         | _____                      | _____                                 | \$ _____      |
| 4.                         | _____                      | _____                                 | \$ _____      |
| 5.                         | _____                      | _____                                 | \$ _____      |
| 6.                         | _____                      | _____                                 | \$ _____      |
| 7.                         | _____                      | _____                                 | \$ _____      |
| 8.                         | _____                      | _____                                 | \$ _____      |
| 9.                         | _____                      | _____                                 | \$ _____      |
| 10.                        | _____                      | _____                                 | \$ _____      |
| 11.                        | _____                      | _____                                 | \$ _____      |
| <b>Total monthly bills</b> |                            |                                       | \$ _____      |