

Income/Expense Worksheet

Please complete the entire worksheet or it will be returned.

Please include yours and if applicable, your spouse/significant other's income/expense information.

Monthly Income:

\$ _____ 1) Your Gross Monthly Income
(Submit last 2 pay stubs)

\$ _____ 2) Spouse Gross Monthly Income
(Submit last 2 pay stubs)

\$ _____ 3) Child Support

\$ _____ 4) Social Security or Disability

\$ _____ 5) Welfare (submit a copy of card)

\$ _____ 6) Food Stamps

\$ _____ ?) Unemployment

\$ _____ 8) Other (Please explain)

\$ _____ **Total Monthly Income (Household)**

\$ _____ **Total Annual Income (Household)**

Monthly Expenses:

\$ _____ 1) Rent/mortgage (circle one)

\$ _____ 2) Auto Loan

\$ _____ 3) Home Utilities (gas, water, electric)

\$ _____ 4) Telephone (listed in your name)

\$ _____ 5) Child Support

\$ _____ 6) Medical

\$ _____ 7) Child Care

\$ _____ 8) Food

\$ _____ 9) Other (ie: cable, extra-curricular activities (Please list with the expense amount))

\$ _____ **Total Monthly Expenses (Household)**

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? If yes, please explain. _____

Do you share expenses with anyone else in your household? _____ Total number in household _____

I have included: (Check all that apply) Tax Form Last Two Paystubs Social Security or Disability Documentation
 Other Income Verification CCIS Application Verification

I verify that all of the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the YMCA Financial Assistance Program.

Signature

Date