BFF Grant Application - INCOME & EXPENSES WORKSHEET (REQUIRED)

Household Monthly Income & Expenses

Applicant Name:		**Month/Year (or "Current"):**	
Household Member 2 Name:		**Household Member 3 Name:**	

Enter monthly amounts. If a category does not apply, write 0. Include income and expenses for all household members.

MONTHLY INCOME

Monthly Income Category	Applicant	Household Member 2	Household Member 3	Total
Social Security Benefits*				
Social Security Disability Insurance (SSDI)				
Supplemental Security Income (SSI)				
Gross Wages (Employment)				
Pensions				
Annuities				
Child Support				
Alimony				
Food Assistance (SNAP)				
Business Income				
Other Income (Specify): _____				
TOTAL MONTHLY INCOME				

** List Medicare deductions under Monthly Expenses.*

Income notes (optional):

MONTHLY EXPENSES

Monthly Expense Category	Household Monthly Total
Housing – Rent/Mortgage	
Housing – Property Taxes	
Housing – Utilities	
Food/Groceries	
Transportation – Auto Insurance	
Transportation – Car Payment	
Transportation – Public Transportation (Bus Passes)	
Insurance – Health Insurance	
Insurance – Other Insurance (Specify): _____	
Medical – Co-pays	
Medical – Pharmaceuticals	
Medical – Durable Medical Equipment (Operational Costs)	
Medical – In-home Care	
Other Expenses (Specify): _____	
TOTAL MONTHLY EXPENSES	

CERTIFICATION

I certify, to the best of my knowledge, that all information on this worksheet is correct. I understand that failure to report requested information completely and accurately may result in denial of my grant application or withdrawal of an award. (Guardians sign on behalf of dependents.)

Signature:		**Print Name:**	
Date:			