

EPWORTH CHILDREN'S HOME – COLUMBIA SC
FAMILY FINANCIAL STATEMENT OF INCOME AND EXPENSES

Legal Guardian: _____

Child's Name: _____

MONTHLY INCOME:

	Head of Household	Spouse
Gross Salary or Wages	\$ _____	\$ _____
Social Security, SSI, VA, Retirement	\$ _____	\$ _____
Alimony, Child Support	\$ _____	\$ _____
Adoption Subsidy	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
All Other Sources	\$ _____	\$ _____
 TOTAL MONTHLY INCOME	 \$ _____	 \$ _____

MONTHLY EXPENSES:

Rent or Mortgage Payment	\$ _____
Loan Payments (Total)	\$ _____
Clothing	\$ _____
Utilities (Electric, Gas, Fuel Oil, Telephone, etc...) - Average	\$ _____
Groceries, Personal Care & Household Items –Average	\$ _____
Transportation (Gas, Maintenance, Repair, Insurance, etc...) – Average	\$ _____
Medical, Dental, Prescription Drugs – Average	\$ _____
Church and Other Charitable Contributions	\$ _____
Recreation/Entertainment	\$ _____
Property Taxes – Average	\$ _____
Income Taxes – Average	\$ _____
Life and Health Insurance – Average	\$ _____
Miscellaneous Expenses – Average	\$ _____
 TOTAL MONTHLY EXPENSES	 \$ _____
 NET INCOME AFTER EXPENSES	 \$ _____

 Parent/Guardian Signature

 Date

Please provide proof of income by submitting four(4) consecutive pay stubs, a W2 for the previous year, and a copy of the two most recent years tax returns for each legal guardian of the child. Please include any support received for your child.

For Epworth Use Only:

The monthly family financial payment to Epworth Children's Home is \$ _____

 Staff Signature/Title

 Date