

**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	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>
<b>NET INCOME AFTER EXPENSES</b>	<b>\$ _____</b>

\_\_\_\_\_  
 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