



AVERAGE MONTHLY INCOME

Client(s) _____ Date _____

How many minor (under age 18) dependents live with you? _____ Their age(s) _____

How many other (over age 18) dependents live with you? _____ Reason for dependency _____

Employment

Client 1

Client 2

Occupation _____

Employer _____

Employer's Address (City or Town Only) _____

How long employed there? _____

Payperiod Frequency

Client 1

Client 2

- Weekly Monthly
- Every Other Week Other
- Two Times a Month on Set Days

- Weekly Monthly
- Every Other Week Other
- Two Times a Month on Set Days

Income

Client 1

Client 2

Gross (Before Deductions, Ignore Garnishments Except Child/Spousal Support) \$ _____

\$ _____

Legally Required Deductions (Taxes, Mandatory Retirement) -\$ _____

-\$ _____

Voluntary Deductions (Insurances, Child Support, Etc.) -\$ _____

-\$ _____

Resulting Net (Take-home) Pay \$ _____

\$ _____

Gross (Before Considering Expenses) from Operation of a Business \$ _____

\$ _____

Real Estate (Rentals, Etc., Gross) \$ _____

\$ _____

Interest and Dividends \$ _____

\$ _____

Support Payments Coming in for You or Your Dependents (Child Support, Social Sec. for Dependents, Etc.) \$ _____

\$ _____

Your Social Security \$ _____

\$ _____

Food Stamps \$ _____

\$ _____

WIC, Commodities, Etc. \$ _____

\$ _____

Unemployment Compensation \$ _____

\$ _____

Pensions or Other Retirement \$ _____

\$ _____

Veterans Benefits \$ _____

\$ _____



AVERAGE MONTHLY INCOME *continued*

Client(s) _____ Date _____

Other

Specify, Such as Contributions from Dependents, Roommates, Companions, Etc.

Client 1

\$ _____

\$ _____

\$ _____

\$ _____

Client 2

\$ _____

\$ _____

\$ _____

\$ _____

Totals

Client 1

\$ _____

Client 2

\$ _____

Family Total (All Sources)

\$ _____

Do you expect any significant change in any of this in the foreseeable future? If so, please specify:
