

INCOME / EXPENSE REPORT for LAST 30 DAYS (for Food Request)

Do you receive **food support** benefits? _____ How much \$ _____ Date Received _____

SELF: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER: Hourly Wage _____ X Number of Hours per Week _____ X 4 = Gross Monthly Wage \$ _____

OTHER SOURCES OF INCOME for LAST 30 DAYS

MFIP/DWP/GA CASH ASSISTANCE	\$ _____	UNEMPLOYMENT	\$ _____
PENSION / RETIREMENT	\$ _____	SOCIAL SECURITY OR SSI	\$ _____
CHILD SUPPORT RECEIVED	\$ _____	WORKERS COMPENSATION	\$ _____
ASSISTANCE FROM FAMILY/FRIENDS	\$ _____	OTHER _____	\$ _____

TOTAL MONTHLY GROSS INCOME \$ _____

For Office Use Only
 >100% _____ 100% to 200% _____ < 200% _____

Do you receive: Free/Reduced Lunch _____ Energy Assistance _____ WIC _____ NAPS Program _____
 MAC Program _____ Housing Subsidy (rent based on income) _____

EXPENSES AND AMOUNTS	\$ DUE MONTHLY	\$ PAID LAST 30 DAYS	\$ TOTAL PAST DUE
RENT, MORTGAGE, LOT RENT			
ELECTRIC			
GAS or PROPANE UTILITY			
FOOD			
WATER			
LAUNDRY			
CHILD CARE			
TRANSPORATION-GAS/TRAC			
CAR INSURANCE			
LOANS-CAR/STUDENT			
PRESCRIPTIONS			
MEDICAL INSURANCE PREMIUMS			
DOCTOR VISITS (COPAYS)			
MEDICAL BILLS			
CHILD SUPPORT			
PHONE			
EXTRA EXPENSES THIS MONTH			
CHARGE CARDS			
CABLE			
INTERNET / HOUSE PHONE			
CIGARETTES			
GAMBLING			
ALCOHOL			
BANK OVERDRAFTS			
COURT FINES			
TOTALS			

Do you need diapers and/or baby food? _____ SIZE _____

Do you need adult Depends? _____ SIZE _____

Hastings Family Service can accommodate alternative food choice(s) due to cultural or religious beliefs or dietary restrictions upon request.