

EXPENSE WORKSHEET

PLEASE COMPLETE THIS FORM AND RETURN TO: Pasadena Housing Program
1149 Ellsworth Dr. 1st Floor
Pasadena, TX 77506

Under the column labeled Monthly Amount, please enter your monthly expense for any item that applies to your household. If you list a monthly expense for an item that you are billed for monthly, such as a telephone or car payments, you must attach a copy of your last bill.

Part 1: Estimated Monthly Expenses

Monthly Amount

1. If you have either of the following services, enter the amount of last month's bill and attach a copy of your statement for that month for each amount entered:

Telephone \$ _____

Cable/Satellite TV \$ _____

2. If you own or have the use of an automobile, motorcycle, or other type of motorized vehicle please complete the following:

Year _____ Make _____ License # _____

Monthly Finance Charge, if any (Please Attach Statement) \$ _____

Monthly Auto Insurance (Please Attach Statement) \$ _____

Monthly Maintenance and Gasoline Expense \$ _____

3. Enter your estimate of monthly food costs for your family. \$ _____

4. Enter your monthly clothing, cigarette, and personal expenses for your family. \$ _____

5. If you are making payments to a Housing Agency for a claim owed to that agency, enter agency name and payment amount. \$ _____

Housing Agency _____

6. Light bill \$ _____

- 7. Water bill \$ _____
- 8. Gas bill \$ _____
- 9. Credit Card bills \$ _____
- 10. Loans \$ _____
- 11. Child Support payments \$ _____
- 12. **Estimated Monthly Expense (sum of numbers in lines 1 through 11)** \$ _____

Please Complete Parts 2 and 3 of this Form Now.

Part 2: Expense Reduction

Monthly Amount

Please enter the monthly amount you receive for any of the categories listed below.

- 1. Food Stamps per month \$ _____
- 2. Energy Assistance per month \$ _____
- 3. Other monthly income not previously reported \$ _____
- 4. Bills paid by others each month \$ _____
- 5. Regular gifts received per month \$ _____
- 6. **Estimated Monthly Expense Reduction (sum of numbers in lines 1,2,3,4 and 5)** \$ _____

Part 3: Certification

I certify that the information I have provided on this form is true and complete to the best of my knowledge and believe. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____