

**TODD COUNTY HEALTH & HUMAN SERVICES  
MONEY MANAGEMENT PROGRAM  
FINANCIAL ASSESSMENT**

**INCOME:**

Job 1

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Type of Work: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_  
 Monthly Gross: \_\_\_\_\_ How Often: \_\_\_\_\_  
 Monthly Net: \_\_\_\_\_ When: \_\_\_\_\_  
 Deductions other than Federal, State and FICA: \_\_\_\_\_

Job 2

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Type of Work: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_  
 Monthly Gross: \_\_\_\_\_ How Often: \_\_\_\_\_  
 Monthly Net: \_\_\_\_\_ When: \_\_\_\_\_  
 Deductions other than Federal, State and FICA: \_\_\_\_\_

**\*\*Bring in pay stubs for the past three months.**

**Does anyone in your household RECEIVE any of the following?**

**Amount per Month**

Food Support	Yes No	_____
MFIP	Yes No	_____
GA	Yes No	_____
MSA	Yes No	_____
Child support received	Yes No	_____
Self-employment (farm/sales/etc.)	Yes No	_____
Another job for wage	Yes No	_____
Payment in kind (house/food/etc.)	Yes No	_____
Disability payment	Yes No	_____
Unemployment	Yes No	_____
Tips or commissions	Yes No	_____
Social Security or pensions	Yes No	_____
Interest/dividends	Yes No	_____
Property rentals	Yes No	_____
Contract for deed payments	Yes No	_____

Do you receive Medical Assistance?  Yes  No

Do you receive Food Support?  Yes  No How Much? \_\_\_\_\_

Do you currently have a checking account?  Yes Balance: \$ \_\_\_\_\_

Name of Institution \_\_\_\_\_

No Have you had one in the past?  Yes  No

Do you currently have a savings account?  Yes Balance: \$ \_\_\_\_\_

Name of Institution \_\_\_\_\_

No Have you had one in the past?  Yes  No

**\*\*Bring in most current bank statements.**

**EXPENSES:**

HOUSING EXPENSES	PAYMENT MADE TO	USUAL MONTHLY PAYMENT	HIGHEST BILL LAST 12 MONTHS	LOWEST BILL LAST 12 MONTHS
RENT/MORTGAGE Account #				
ELECTRIC Account #				
GAS Account #				
OTHER HEAT: Account #				
TELEPHONE Account #				
CABLE / TV Account #				
WATER/SEWER Account #				
GARBAGE Account #				

**\*\*Bring in utility bills for the past few months.**

**TRANSPORTATION COSTS:**

**First Vehicle:** Year/Make/Model: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Car Payment: \$ \_\_\_\_\_ Original Amount: \$ \_\_\_\_\_

Owed to: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Car Tabs (License): Amount: \$ \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ How Often?: \_\_\_\_\_

Gas - Monthly: \$ \_\_\_\_\_ Months Insurance Due: \_\_\_\_\_

Other Maintenance Costs: \_\_\_\_\_

**Second Vehicle:** Year/Make/Model: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Car Payment: \$ \_\_\_\_\_ Original Amount: \$ \_\_\_\_\_

Owed to: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Car Tabs (License): Amount: \$ \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ How Often?: \_\_\_\_\_

Gas - Monthly: \$ \_\_\_\_\_ Months Insurance Due: \_\_\_\_\_

Other Maintenance Costs: \_\_\_\_\_

**OTHER EXPENSES:**

Do you have water conditioning expenses such as softener salt or pay for regular maintenance? \$ \_\_\_\_\_

Do you wash clothes at a laundromat? [ ] Yes [ ] No Amount per week: \$ \_\_\_\_\_

How much do you spend on groceries and household supplies each week? \$ \_\_\_\_\_

How much do you spend on health and beauty aids each week? \$ \_\_\_\_\_

How much do you spend each week on other personal items such as cigarettes, alcohol, entertainment? \$ \_\_\_\_\_

How much do you spend on clothing each month? \$ \_\_\_\_\_

Any expenses for children such as school lunches, activity fees, etc? \$ \_\_\_\_\_

Any other expenses? \$ \_\_\_\_\_

Do you pay child support? [ ] Yes [ ] No How Much? \$ \_\_\_\_\_

