



Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Surviving Partner \_\_\_

Name of Spouse/Partner: \_\_\_\_\_

Age of Spouse/Partner: \_\_\_\_\_

Emergency Contact Person:

\_\_\_\_\_ Ph: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

<b>ANNUAL INCOME</b>	<b>SELF</b>	<b>SPOUSE/PARTNER</b>	<b>TOTAL</b>
Earned income	_____	_____	_____
Social Security Benefits	_____	_____	_____
Investment Income	_____	_____	_____
Pension Income	_____	_____	_____
Gifts and Grants Income	_____	_____	_____
Other Income - specify	_____	_____	_____

Financial contribution from Others sharing this household \_\_\_\_\_

**INCOME TOTAL** \_\_\_\_\_

<b>ANNUAL EXPENSES</b>	<b>AMOUNT</b>
Mortgage _____ Rent _____	
Assisted Living _____ Own Home out right _____	_____
Heat	_____
Electricity	_____
Telephone	_____
Cable TV	_____
Internet	_____
Current property, income & other taxes	_____
Food and Household	_____
Home Insurance Premiums	_____

Clothing and personal items \_\_\_\_\_

Entertainment & Vacation \_\_\_\_\_

Transportation \_\_\_\_\_

Car Insurance Premiums \_\_\_\_\_

Medical and Hospital \_\_\_\_\_

Health Insurance Premiums \_\_\_\_\_

Long Term Care Premiums \_\_\_\_\_

Prescriptions (Not covered by Insurance.) \_\_\_\_\_

Charitable Contributions \_\_\_\_\_

Gifts (To Family & Friends) \_\_\_\_\_

Other Expenses (Attach explanation) \_\_\_\_\_

Budgeted Debt Payments - specify \_\_\_\_\_

**TOTAL ANNUAL EXPENSES** \_\_\_\_\_

**ANNUAL SURPLUS OR (DEFICIT)** \_\_\_\_\_

**ASSETS**

**AMOUNT**

Cash \_\_\_\_\_

Stocks/Bonds/Investments \_\_\_\_\_

Pension: Name & Current Total Value \_\_\_\_\_

IRA – Current Total Value \_\_\_\_\_

Real Estate – Assessed Taxable Value \_\_\_\_\_

Automobile – specify model & year \_\_\_\_\_

Family Trust \_\_\_\_\_

Other - specify \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**LIABILITIES** [these amounts are separate from the above listed Annual Expenses]

Outstanding Mortgage \_\_\_\_\_

Outstanding Taxes Due \_\_\_\_\_

Outstanding Medical Bills \_\_\_\_\_

Outstanding Loans, Credit Card debt, etc \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH: (ASSETS MINUS LIABILITIES)** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_