

### Earnings and Expenses

Affiliates must complete an *Earnings and Expenses Form* for each case at the end of its R&P Period to confirm whether the client(s)' income exceeds their expenses.

|                            |  |                        |  |
|----------------------------|--|------------------------|--|
| <b>Client Name:</b>        |  | <b>Employed (Y/N):</b> |  |
| <b>Client Name:</b>        |  | <b>Employed (Y/N):</b> |  |
| <b>Client Name:</b>        |  | <b>Employed (Y/N):</b> |  |
| <b>Date of Arrival:</b>    |  | <b>Case Number:</b>    |  |
| <b>90th Day:</b>           |  | <b>Case Size:</b>      |  |
| <b>R&amp;P Per Capita:</b> |  | <b>Flex:</b>           |  |

| Monthly Income and Assistance                            |  | Monthly Expenses               |  |
|--|--|--------------------------------|--|
| Source   | Amount (monthly)<br><i>Write N/A if not applicable</i> | Source                         | Amount (monthly)<br><i>Write N/A if not applicable</i> |
| Employment Income ( <i>list one income per person</i> ): |  | Rent:                          |  |
| Employment Income ( <i>list one income per person</i> ): |  | Food:                          |  |
| Employment Income ( <i>list one income per person</i> ): |  | Utilities ( <i>gas</i> ):      |  |
| Assistance from U.S. Tie/Family:                         |  | Utilities ( <i>electric</i> ): |  |
| Assistance from Friends:                                 |  | Utilities ( <i>water</i> ):    |  |
| SSI/Disability:  |  | Phone:                         |  |
| Food Stamps:   |  | Transportation:                |  |
| Cash Assistance:   |  | IOM Travel Loan Payment:       |  |
| Rental Assistance:                                       |  | Savings:                       |  |
| Utilities ( <i>gas</i> ):                                |  | Other ( <i>specify</i> ):      |  |
| Utilities ( <i>electric</i> ):                           |  | Other ( <i>specify</i> ):      |  |
| Utilities ( <i>water</i> ):                              |  | Other ( <i>specify</i> ):      |  |
| Transportation Assistance:                               |  | Other ( <i>specify</i> ):      |  |
| Other ( <i>such as WIC/LIHEAP, specify</i> ):            |  | Other ( <i>specify</i> ):      |  |
| <b>Total Monthly Income:</b>                             | \$0  | <b>Total Monthly Expenses:</b> | <b>\$0</b>   |
| <b>Total Monthly Income - Total Monthly Expenses =</b>   |  | <b>\$0</b>                     |  |
| <b>Does Household Income Exceed Expenses? (Y/N)</b>      |  |                                |  |

| Signatures                     |  |
|--------------------------------|--|
| <b>Date:</b>                   |  |
| <b>Client Name:</b>            |  |
| <b>Client Signature:</b>       |  |
| <b>Client Name:</b>            |  |
| <b>Client Signature:</b>       |  |
| <b>Client Name:</b>            |  |
| <b>Client Signature:</b>       |  |
| <b>Staff Member Name:</b>      |  |
| <b>Staff Member Signature:</b> |  |
| <b>Interpreter Name:</b>       |  |
| <b>Interpreter Signature:</b>  |  |