| 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. | | | |
| **PA Name:** | | **Employed (Y/N):** | |
| **Adult 2 Name:** | | **Employed (Y/N):** | |
| **Adult 3 Name:** | | **Employed (Y/N):** | |
| **Adult 4 Name:** | | **Employed (Y/N):** | |
| **Monthly Income and Assistance** | | **Monthly Expenses** | |
| **Source** | **Amount** (*monthly*) *Write N/A if not applicable* | **Source** | **Amount** (*monthly*) *Write N/A if not applicable* |
| Employment Income (*list one income per person*): | | Rent: | |
| Employment Income (*list one income per person*): | | Food: | |
| Employment Income (*list one income per person*): | | Utilities (*gas*): | |
| Assistance from U.S. Tie/Family: | | Utilities (*electric*): | |
| Assistance from Friends: | | Utilities (*water*): | |
| SSI/Disability: | | Phone: | |
| Food Stamps: | | Transportation: | |
| Cash Assistance: | | IOM Travel Loan Payment: | |
| Rental Assistance: | | Savings: | |
| Utilities (*gas*): | | Other (*specify*): | |
| Utilities (*electric*): | | Other (*specify*): | |
| Utilities (*water*): | | Other (*specify*): | |
| Transportation Assistance: | | Other (*specify*): | |
| Other (*such as WIC/LIHEAP, specify*): | | Other (*specify*): | |
| **Total Monthly Income:** | | **Total Monthly Expenses:** | |
| **Total Monthly Income - Total Monthly Expenses =** | | | |
| **Does Household Income Exceed Expenses? (Y/N)** | | | |
| **Signatures** | | | |
| **Date:** | | | |
| **Principal Applicant Name:** | | | |
| **Principal Applicant Signature:** | | | |
| **Adult 2 Name:** | | | |
| **Adult 2 Signature:** | | | |
| **Adult 3 Name:** | | | |
| **Adult 3 Signature:** | | | |
| **Adult 4 Name:** | | | |
| **Adult 4 Signature:** | | | |
| **Staff Member Name:** | | | |
| **Staff Member Signature:** | | | |
| **Interpreter Name:** | | | |
| **Interpreter Signature:** | | | |