

Annual Budget for Application



Your Name _____ Email _____

Description – All income should be gross amounts, before taxes and deductions.	Annual/Yearly Amount – Fill in all amounts to the nearest dollar. If doesn't apply, fill in a -0- (zero).
<u>INCOME</u>	<u>ANNUAL AMOUNTS</u>
Gross Wages	\$
Gross Social Security	\$
Gross Disability	\$
Gross Pension	\$
Gross Self Employed Income	\$
Other Income	\$
TOTAL ANNUAL INCOME	\$
<u>FIXED EXPENSES</u>	<u>ANNUAL AMOUNTS</u>
Cell Phone and Cell Data Service	\$
Vehicle Insurance	\$
Vehicle Registration	\$
Regular maintenance on vehicle (e.g., oil changes)	\$
Health Insurance Premium	\$
Co-Pay for Medical Appts/Tests	\$
Medication	\$
Dental Check-ups	\$
Loan, Credit Card or other Debt Payments	\$
Rent or Mortgage	\$
Other Fixed Expenses	\$
<u>VARIABLE EXPENSES</u>	
Vehicle Fuel	\$
Utilities	\$
Food	\$
Eating Out	\$
Entertainment	\$
Health/Beauty	\$
Clothing and Laundry	\$
Public Transportation	\$
Savings	\$
Other Variable Expenses	\$
<u>ONE-TIME EXPENSES</u>	
Vehicle Title Transfer	\$
New Tires, Cell Phone, Electronics	\$
Major Medical/Dental	\$
Other One-Time Expenses	\$
TOTAL ANNUAL EXPENSES	\$

Add more budget information on another page, if needed.

Note: In the application review process, HOWA staff may request additional information.