

FORM 1
INCOME AND EXPENSE STATEMENT OF

Social Security Number

1. INCOME

A. Name and address of employer

Gross Wages, Salary and Commission per Pay Period.

\$ _____

PAY PERIOD: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, commissions and all other sources (give monthly average and list sources of income):

\$ _____

Average Monthly Gross Total (Wages, Salary, Commission & Additional Income)

\$ _____

C. Your share of the gross income on last year's Federal Income Tax Return: \$ _____

2. Actual or estimates expenses required to maintain previous standard of living stated on a MONTHLY average: (If estimated, designate by adding AE@ behind the amount)

A. Rent or mortgage payments \$ _____

B. Utilities

1. Gas \$ _____

2. Water \$ _____

3. Electricity \$ _____

4. Telephone \$ _____

5. Trash Service \$ _____

\$ _____

C. Automobiles

1. Gas and Oil \$ _____

2. Maintenance (routine) \$ _____

3. Taxes and Licenses \$ _____

4. Payment on Auto Loan \$ _____

\$ _____

D. Insurance

1. Life \$ _____

2. Health and Accident	\$ _____	
3. Disability	\$ _____	
4. Homeowners	\$ _____	
5. Automobile	\$ _____	\$ _____

E. Total payment on Installment Contracts \$ _____

F. Child Support Paid to Others for Children not in your Custody \$ _____

G. Maintenance or Alimony \$ _____

H. Church and Charitable Contributions \$ _____

I. Other Living Expenses \$ _____

	For You	For Children	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Recreation	\$ _____	\$ _____	
7. Laundry and Cleaning	\$ _____	\$ _____	
8. Barber Shop	\$ _____	\$ _____	
9. Beauty Shop	\$ _____	\$ _____	
10. School and Books	\$ _____	\$ _____	
11. Extracurricular activities	\$ _____	\$ _____	
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	\$ _____	\$ _____	\$ _____

J. Day Care or Babysitter (Name and address of day care provider or babysitter and amount) \$ _____

K. All other expenses not presently identified
(give as a Monthly average)

1. Sundries	\$ _____	
2. Reading material & TV	\$ _____	
3. Gifts	\$ _____	
4. Home Maintenance	\$ _____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

STATE OF MISSOURI)
)ss.
County of _____)

Comes now _____, (“Affiant”) being duly sworn on oath states that Affiant has read the forgoing State of Income and Expenses, and the answers given therein are true to the best of the Affiant’s knowledge and belief.

Affiant

Subscribed and sworn to before me on this
_____.

(Date)

Notary Public

My Commission Expires: