

FOV Monthly Income & Expense Form

Month _____ Year _____

Monthly Income(s):

Employment Pay Check 1 (Full or Part-Time Position)	
Employment Pay Check 2 (Full or Part-Time Position)	
Employment Pay Check 3 (Full or Part-Time Position)	
Support Check (Child Support)	
Support Check (Alimony Payments)	
Pension (Civilian Employment)	
Pension (Military Retirement)	
Disability Payments (Civilian Employment)	
Disability Payments (Insurance Settlement)	
Disability Payments (Military)	
Other: _____	
Other: _____	
Other: _____	
Total Monthly Income	

Monthly Expenses:

Rent / Mortgage	
Electricity	
Heat	
Water / Sewer	
Phone (Land Line)	
Phone (Cellular)	
Cable TV or Dish Network (Any of the dish services)	
Internet Services	
Medical Expenses (Doctors, Hospitals, Dentist, etc)	
Medicines	
Foods	
Transportation Expenses (Gas, Oil, Tires, etc)	
Vehicle Payments	
Vehicle Repairs	
Clothing Expenses	
Other: _____	
Other: _____	
Other: _____	
Total Monthly Expenses	

Final cash position at the end of the month: