



Income does not solely determine eligibility. This form assists with assessing your ability to provide sufficient income to meet the financial needs of your own family.

If you are applying to be a kinship caregiver, this form also assists us in determining what, if any, financial support you'll need to be successful.

Income

List all regular net income, including but not limited to wages, Social Security, unemployment, pensions, and child support.

List any other resources you depend upon to meet your expenses, including but not limited to tribal payments, family support, and inheritance.

| SOURCE | MONTHLY AMOUNT AFTER TAXES |
|--|-------------------------------|
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| | |
| Total Monthly Income After Taxes: | |

Average Non-Discretionary Expenses

This section is to understand your required costs, not your discretionary (optional) costs.

Do not include expenses for DCYF children.

Please enter the approximate dollar amount spent monthly on each item. Please enter 0 for any items that are not applicable.

| MONTHLY EXPENSES | AMOUNT | MONTHLY EXPENSES | AMOUNT |
|---|--------|------------------------------------|--------|
| Housing (mortgage or rent) | | Child care / schooling | |
| Utilities (including: water, sewer, garbage, power, phone, gas, internet, etc.) | | Child support | |
| Food (including: groceries and eating out) | | Medical bills | |
| Transportation (including: bus pass, cars, ATVs, and trailers/motorhomes – monthly payments, insurance and gas) | | Credit card payments | |
| | | Loans other than mortgage / rent | |
| Insurance (including: medical, dental, life, etc.) | | Other required expenses (specify): | |
| Total monthly expenses: | | | |
| <i>Subtract required monthly expenses from total monthly income above</i> | | | |
| Total discretionary income: | | | |

Have you ever filed for bankruptcy? Yes No; if yes, please explain the type of bankruptcy filed and when it was discharged:

Are you current on your child support payments? Yes No N/A. If not, please explain:

| Signature | |
|-----------------------|---------------|
| APPLICANT A NAME | DATE OF BIRTH |
| APPLICANT A SIGNATURE | DATE |
| APPLICANT B NAME | DATE OF BIRTH |
| APPLICANT B SIGNATURE | DATE |