

Income and Expense Report Form for scholarship/work-trade programs

Please fill out this form for your income/expenses report. You also have the option of creating your own list, using this list as a guide.

If there is something on the list which does not apply to you, simply fill in "0." If there are expenses or income not listed, write it in after "Other:" and fill out the appropriate amount in the column to the right.

Once you have completed this form, please gather any documentation (receipts, bills, invoices, etc.) pertaining to items on the list from the last three months. Black out sensitive information (such as bank account numbers, social security number, etc.) and send the information to:

EMAIL: ums@umsonline.org
 FAX: (707) 676-9131
 POSTAL MAIL: P.O. Box 4505 Arcata, CA 95518

MONTHLY EXPENSES	Amt. in dollars or "0" if not applicable	INCOME	Amt. in dollars or "0" if not applicable
Mortgage Payment:		Wages/Salary:	
Rent:		Disability:	
Automobile Payment:		Other:	
Auto Insurance:		Other:	
Other Insurance:		Other:	
Gas:			
Telephone:			
Internet:			
Cell Phone:			
Cable/Satellite:			
Credit Cards:			
Loans:			
Child Care:			
Water:			
Groceries:			
Other:			
Other:			
Other:			
Other:			

