Financial Inventory Worksheet

Please enter your monthly income and expenses information in the spaces below. If you do not know the exact amount, please estimate the amount. Filling out this worksheet will help you complete the EconomicCheckUp assessment.

Income, Benefits and Assets

Monthly Income
To get the monthly average for each item please add the last 12 months of income, for you and your spouse, in each category and divide that number by 12 to get the average monthly total you receive.

Pension/Retirement Benefits: **Dividends/Interest:**

Supplemental Security Income: **Social Security Disability:**

Social Security Retirement/Survivor: **Railroad Retirement Benefits:**

Veteran's Benefits: **Unemployment Insurance:**

Worker's Compensation: **TANF:**

Cash Assistance: **Senior Community Service Employment Program (SCSEP):**

Work Income: **Other Non-Work Income:**

TOTAL: _____

Other Benefits
Please enter the monthly amount(s) for the program you get help from. If you do not have exact numbers or if the amount you get is different each month, please give an estimate.

Medicare Savings Program (QMB, SLMB, or QI-1):

Extra Help/LIS through Medicare Prescription Drug Coverage:

Supplemental Nutrition Assistance Program (SNAP):

Low Income Home Energy Assistance Program (LIHEAP):

Medicaid:

Property Tax Relief:

TOTAL: _____

Assets
Please list the total value of the below listed items.

Cash/Cash Equivalent:

Life Insurance – Cash Value:

Automobile(s) Value:

Life Insurance – Face Value:

Home(s) Value:

Burial Accounts – Revocable:

Retirement Accounts (401K, IRA, etc.):

Burial Accounts - Irrevocable:

Investment Accounts (Stocks, Bonds):

Other Assets:

TOTAL: _____

Monthly Expenses

Housing Monthly Expenses	
To get the monthly average for each utility please add the last 12 months of bills in each category and divide that number by 12 to get the average monthly total you pay for each utility.	
Cable/Dish/Sat:	**Property Maintenance Fees:**
Electricity:	**Property Tax:**
Household Insurance:	**Rent/Mortgage:**
Internet:	**Telephone:**
Natural Gas:	**Water/Sewer:**
TOTAL: _____	

Food Monthly Expenses	
Please enter the average amount you spend each month on food-related expenses. If you do not have exact numbers or if the amount you spend is different each month, please give an estimate.	
Groceries:	**Eating Out:**
TOTAL: _____	

Health Monthly Expenses	
To get the monthly average for each medical expense please add the last 12 months of bills, for you and your spouse, in each category and divide that number by 12 to get the average monthly total you pay for each medical expense.	
Health Insurance Premiums:	**Prescription Drugs:**
Medical Insurance Co-Payments:	**Transportation to Doctor's Visits:**
Other Doctor/Facility Fees:	**Home Health Attendant's Fees:**
Annual Medical Deductibles:	**Medical Equipment:**
Nursing Home Expenses:	**Eyeglasses, Hearing Aides:**

TOTAL: _____

Transportation Monthly Expenses
Please enter the average amount you spend each month on transportation expenses. If you do not have exact numbers or if the amount you spend is different each month, please give an estimate.

Gas: **Bus Fare:**

Subway Fare: **Taxis:**

Other Transportation:

TOTAL: _____

Other Monthly Expenses
Please enter the average amount you spend each month on other expenses, including those listed below. If there are other expenses that do not appear in this list, please add them in the "Other Expenses" box.

Senior Center Membership Costs: **Newspaper/Magazine Costs:**

Money Given to Charities: **Automobile Insurance Premiums:**

Life Insurance Premiums: **Other Expenses:**

TOTAL: _____

Debt Payments
To get the monthly average for each type of debt payment please add the last 12 months of payments, for you and your spouse, in each category and divide that number by 12 to get the average monthly total you pay for each category.

Credit Card Payments: **Car Loans:**

Personal Loans: **Other Debt Payments:**

TOTAL: _____