

# EXPENSE WORKSHEET

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO: Imagineers, LLC  
635 Farmington Avenue  
Hartford, CT 06105

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Under the column labeled Monthly Amount, please enter your monthly expense for any item that applies to your household. If you list a monthly expense for an item that you are billed for monthly, such as a telephone bill or car payments, you must attach a copy of your last bill.

## Part 1: Estimated Monthly Expenses

## Monthly Amount

1. If you have either of the following services, enter the amount of last month's bill and attach a copy of your statement for that month for each amount entered:

Telephone \$ \_\_\_\_\_

Cable/Satellite TV \$ \_\_\_\_\_

2. If you own or have the use of an automobile, motorcycle, or other type of motorized vehicle, please complete the following:

Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_

Monthly Finance Charge, if any (Please Attach Statement) \$ \_\_\_\_\_

Monthly Auto Insurance (Please Attach Statement) \$ \_\_\_\_\_

Monthly Maintenance and Gasoline Expense \$ \_\_\_\_\_

3. Enter your estimate of monthly food costs for your family. \$ \_\_\_\_\_

4. Enter your monthly clothing, cigarette, and personal expenses for your family. \$ \_\_\_\_\_

5. If you're making payments to a Housing Agency for a claim owed to that agency, enter payment amount and Agency name: \$ \_\_\_\_\_

6. **Estimated Monthly Expense (Sum of Number in Lines 1,2,3,4 and 5)** \$ \_\_\_\_\_

**Please Complete Parts 2 and 3 of this Form Now.**

**Part 2: Expense Reduction**

**Monthly Amount**

Please enter the monthly amount you receive for any of the categories listed below.

- |   |                 |
|---|-----------------|
| 1. Food Stamps per month  | \$ _____        |
| 2. CEAP (CT Energy Assistance Program) per month                                  | \$ _____        |
| 3. Other monthly income not previously reported                                   | \$ _____        |
| 4. Bills paid by others each month  | \$ _____        |
| 5. Regular gifts received per month   | \$ _____        |
| 6. <b>Estimated Monthly Expense Reduction (sum of number in 1, 2, 3, 4 and 5)</b> | <b>\$ _____</b> |

**Part 3: Certification**

I certify that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Signature: \_\_\_\_\_

Date \_\_\_\_\_