



Own      Lease      Rent  
 Vehicle Number 2: Make: \_\_\_\_\_  
 Own     Lease     Rent   

Model No: \_\_\_\_\_

Year: \_\_\_\_\_

**Weekly Expenses**

6. How much do you spend a week on the following?

Item	Weekly Expense	Method of Payment
Food		
Paper products		
Personal grooming products		
Cleaning products		
Car payments		
Car use and maintenance costs		
Transportation costs (if no car is owned)		
Cable TV		
Internet		
Entertainment (movies, lottery, sporting events, video rental, vacations etc)		
Clothing		
Cigarettes/Cigars		
Telephone (home)		
Cell phone		
Utilities		
Mortgage or rent		
Unreimbursed medical expenses		
Unreimbursed child care expenses		
Unreimbursed job expenses		
Charitable contributions (church, charity etc)		

**TOTAL**

**APPLICANT/PARTICIPANT CERTIFICATION**

I certify that the above estimates provided by me are true to the best of my knowledge. I understand that willful misrepresentations of the facts are grounds for disqualification for assistance.

\_\_\_\_\_  
 Applicant /Participant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 VCHC Staff Member

\_\_\_\_\_  
 Date