

## HILL COUNTY COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT

Serving Hill County P.O. Box 771 126 S. Covington St Hillsboro, Texas 76645 (254) 582-4075 Fax (254) 582-4039

Gregory Michael Mason Director

Date: \_\_\_\_\_

Name:

Cause#:

# **Financial Worksheet**

### **INCOME:** What is your total monthly income?

Income from:	Date received:	Monthly amount:
Job #1		
Job #2		
Other		
Unemployment		
Social Security		
Child Support/What County?/To Who?		
Rental Income		
Govt/Food Stamps		
Disability/SSI		
Workers Compensation		
Alimony		
Trust Fund		
Other Household Income: (Name/Relation)		
Other Household Income: (Name/Relation)		
Other Household Income: (Name/Relation)		

#### (Provide paystubs/documentation of all income)

## **EXPENSES:** What are your total <u>monthly</u> expenses?

Expenses for:	Due date:	Monthly amount:
House Payment/Rent		
Electric/Gas		
Home Phone		
Cable/Satellite/Internet		
Water		
Health Insurance		
Auto Insurance		
Auto Payment		
Cell Phone		
Alimony/To who?		
Child Support/What County?/To who?		
Food Bill		
Other		
Other		
Other		
CC Accounts (Name/Balance)		
#1		
#2		
#3		

(Provide bills/statements to document all your expenses)