

**PROBATE COURT OF FRANKLIN COUNTY, OHIO  
ROBERT G. MONTGOMERY, JUDGE**

IN RE: \_\_\_\_\_

Case No. \_\_\_\_\_

**HOUSEHOLD RESOURCE WORKSHEET**

R.C. 3103.03, Sup.R. 66(C), Local R. 66.1(F)

**Section I: Monthly Income and Other Benefits to Family**

Who lives in the Residence with you?

| Name  | Relationship | Age   | Monthly Income (Job) |
|-------|--------------|-------|----------------------|
| _____ | _____        | _____ | _____                |
| _____ | _____        | _____ | _____                |
| _____ | _____        | _____ | _____                |
| _____ | _____        | _____ | _____                |

Do any of the people living in the residence pay rent? If yes, how much per month?

\_\_\_\_\_ No    \_\_\_\_\_ Yes                      Amount per month                      \$ \_\_\_\_\_

*Other amounts received monthly by you or anyone living with you:*

Child Support                      \$ \_\_\_\_\_                      Medicare/Medicaid                      \$ \_\_\_\_\_

PERS    \_\_\_\_\_                      Social Security    \_\_\_\_\_

Rental Subsidies                      \_\_\_\_\_                      Social Security Disability    \_\_\_\_\_

Food Stamps    \_\_\_\_\_

Total monthly income from job and money received from all other sources (add all above amounts for all people in the residence):    \$ \_\_\_\_\_

**Section II: Monthly Expenses**

|                  |          |                   |          |
|------------------|----------|-------------------|----------|
| Rent/Mortgage    | \$ _____ | Gas               | \$ _____ |
| Electric         | _____    | Phone (home/cell) | _____    |
| Water            | _____    | Groceries         | _____    |
| Cable/Satellite  | _____    | Automobile        | _____    |
| Internet         | _____    | Car Insurance     | _____    |
| Doctors          | _____    | Dentists          | _____    |
| Health Insurance | _____    | Home Insurance    | _____    |
| School Supplies  | _____    | Clothing          | _____    |

Other (describe and write amounts) \_\_\_\_\_

Total monthly expenses (add up all amounts): \$ \_\_\_\_\_

**Please read and sign:**

The above information is true and complete to the best of my knowledge. I understand that if my worksheet is incomplete or cannot be read, it will not be considered and may hold up my application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address