

**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**

Name	Age	Occupation	Monthly Income
Mother: _____			
Father: _____			

Who lives in the Residence with you?

Name	Relationship	Age	Occupation	Monthly Income (Job)
_____				
_____				
_____				
_____				

Do any of the people living in the residence pay rent to you? 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 incorrect, incomplete or cannot be read, it will not be considered and may hold up my application.

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

\_\_\_\_\_  
Signature

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

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