

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF _____

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: _____			\$ _____
If the father/mother does not live in the residence what is his/her income per month?			\$ _____

List 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? Yes No

If yes, how much per month?\$ _____

List 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 \$ _____	Other\$ _____

Total monthly income from both parents' jobs and money received from all other sources: (add all above amounts for all people in the residence)\$ _____

Section II: Monthly Expenses

Rent/ Mortgage..... \$ _____

Electric \$ _____

Water \$ _____

Cable/Satellite \$ _____

Internet \$ _____

Doctors \$ _____

Health Insurance \$ _____

School Supplies..... \$ _____

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.

Signature

Typed or Printed Name

Telephone Number (include area code)

Email Address