**CASE: 2019-\_\_\_ Hearing Date: \_\_\_/\_\_\_/19**

**The Town’s financial analysis of the applicant [applicant’s initials] is as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** | **Name of creditor** | **Actual amount paid** | **Amount Allowed by General Assistance (GA)** |
| Mortgage (principal & Interest) |  |  |  |
| House insurance |  |  |  |
| Property Taxes FY 18 | Town of Hoopsville ($\_\_\_\_\_\_/yr.) |  |  |
| Property Taxes FY 19 | Town of Hoopsville  ($\_\_\_\_\_/yr.) |  |  |
| Heat |  |  |  |
| Electric |  |  |  |
| TV |  |  |  |
| Cell Phone |  |  |  |
| Telephone |  |  |  |
| Food |  |  |  |
| Clothing |  |  |  |
| Personal Supplies |  |  |  |
| Prescriptions |  |  |  |
| Medical / Dental |  |  |  |
| Life insurance |  |  |  |
| Necessary transportation |  |  |  |
| Lawn Care / Plowing |  |  |  |
| Child Care |  |  |  |
| Car Insurance |  |  |  |
| Credit card payment |  |  |  |
| Other |  |  |  |
| **Total Monthly Expenses with $\_\_\_\_\_/mo. tax payment** |  |  |  |
| **Total Monthly Expenses without $\_\_\_\_\_/mo. tax payment** |  |  |  |

**Monthly Income [be sure to exclude federal benefits/assistance such as HEAP or SNAP]:**

|  |  |
| --- | --- |
| TANF |  |
| Supplemental Security Income –SSI at time of application |  |
| Other (State of Maine benefit due to being SSI recipient) |  |

Total monthly income: $

Total monthly expenses if property taxes are paid monthly: $

Total monthly **basic need** expense without property taxes: $

**Supporting information:**

**Exhibit A -** Mortgage account # \_\_\_\_\_\_\_ statement

**Exhibit B –** Town of Hoopsville tax bill FY 2019

**Exhibit C –** Town of Hoopsville tax history

**Exhibit D –** Electric bill dated \_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit E –** Oil/gas bill dated \_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit F –** Telephone bill dated \_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit G –** Cable tv/internet bill dated \_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit H -** Check book register dated \_\_\_\_\_\_\_\_\_\_\_\_\_