

PASS Monthly Expense Sheet

Beneficiary Name _____ Date: _____

EXPENSE	MONTHLY AMOUNT
Rent/mortgage (if mortgage payment includes property and/or other local taxes, insurance, etc. DO NOT LIST again)	
Food/groceries	
Hygiene supplies	
Gas bill	
Electric	
Water/sewage/trash collection	
Phone	
Mobile	
Cable	
Internet connection	
Car payment	
Gas for car	
Car maintenance	
Other transportation	
Heating and cooking fuel (oil, propane, wood, coal, etc.)	
Clothing	
Credit card payments Mastercard VISA AMEX Other	
Loan payments	
Layaway payment	
Home repairs	
Bankruptcy payments	
Child support Payment	
Alimony payments	
Life insurance	
Health insurance	
Fire insurance	
Homeowners insurance	
Renters insurance	
Car insurance	

