

Smile of Hope Financial Statement

Part III

The Smile of Hope Program is based, in part, on your financial need. Your total income will be compared to your total annual expenses. Please be as exact as you can.

- A. Total annual household income from all sources (include your income from employment, savings, child support, alimony, Social Security benefits, etc.) Also include all income received by any other adult household members.

- B. Please list your family's annual living expenses:

Housing \$ _____ per year Utilities \$ _____ yearly

Food \$ _____ per year Medical \$ _____ yearly

Childcare \$ _____ per year Transportation \$ _____ yearly

Other (please list additional expenses and assign a dollar value to each.)

Expense _____ \$ _____ yearly

Expense: _____ \$ _____ yearly

Expense: _____ \$ _____ yearly

TOTAL EXPENSES PER YEAR \$ _____