



## Financial Statement

### Part 3 - Financial Statement

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>Total</b>	\$ _____

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

Housing	\$ _____	per year
Utilities	\$ _____	per year
Food	\$ _____	per year
Medical	\$ _____	per year
Childcare	\$ _____	per year
Transportation	\$ _____	per year

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

Expense: \_\_\_\_\_ \$ \_\_\_\_\_ yearly

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**TOTAL EXPENSES PER YEAR** \$ \_\_\_\_\_

