



**ADULT FAMILY CARE HOME
INCOME AND EXPENSE STATEMENT**

Provider Name: _____

Provider Address: _____
Street Address City Zip Code

Current Assets

<u>MONTHLY INCOME</u>		<u>MONTHLY EXPENSES</u>	
Employment: Self	\$ _____	Rent/Mortgage Payment	\$ _____
Spouse	\$ _____	Insurance: Car	\$ _____
Other	\$ _____	Home	\$ _____
Interest Income	\$ _____	Health	\$ _____
Income From Investments	\$ _____	Other	\$ _____
Retirement/Social Security	\$ _____	Auto Payment	\$ _____
Income from Current Residents	\$ _____	Utilities	\$ _____
Rental Income	\$ _____		
Other Income (Specify)	\$ _____	Telephone	\$ _____
	\$ _____	Loans	\$ _____
	\$ _____	Food Costs	\$ _____
		Credit Cards	\$ _____
		Other Liabilities (Specify):	
		\$ _____	
		\$ _____	
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

Cash on Hand/Savings \$ _____ Checking Account Amt. \$ _____

Stocks/Bonds (Value) \$ _____ Other \$ _____

DATE
AHCA Form 3180-1017, Sept

SIGNATURE

