**Documentation of Living Expenses**

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| **Project Title:** | **Parcel No.:** |
| Displaced Person(s): | **Displacee No.:** |

|  |  |
| --- | --- |
| **Expense Type** | **Monthly Amount** |
|  |  |
| **1. Mortgage or Rent Payment** |  |
| **2. Homeowner/Renters Insurance** |  |
| **3. Food, Supplies, Toiletries** |  |
| **4. Car (include)** |  |
| **Gas** |  |
| **Insurance** |  |
| **License/Tabs** |  |
| **Payment** |  |
| **Maintenance** |  |
| **4. Utilities (include)** |  |
| **Power/Electricity** |  |
| **Gas/Propane/Oil** |  |
| **Telephone/Cell Phone** |  |
| **Cable/Satellite/Internet** |  |
| **Water/Sewer/Garbage** |  |
| **5. Public Transportation** |  |
| **6. Clothes** |  |
| **7. Medical (include)** |  |
| **Insurance** |  |
| **Dentist/Doctor** |  |
| **Prescriptions/Medicine** |  |
| **8. Miscellaneous (include)** |  |
| **Credit Payments/Personal Loans** |  |
| **Credit Cards** |  |
| **Pet Expenses** |  |
| **Newspaper** |  |
| **Gifts** |  |
| **Haircuts** |  |
| **Recreation/Entertainment** |  |
| **Other** |  |
| **9. Other (include)** |  |
| **Child Care** |  |
| **Child Support/Alimony** |  |
| **School Supplies/Lunches** |  |
| **Total Per Month** |  |