

# Income and Expense Questionnaire

To help us evaluate your financial obligations and manage your trust, please complete the following questionnaire. Please provide answers that include income only if actually received and expenses only if actually paid.

---

## **Trust Information**

Beneficiary Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grantor Name: \_\_\_\_\_  
Guardian Name (if applicable): \_\_\_\_\_

---

## **Household Information**

Beneficiary's Family Living in Home: \_\_\_ Alone \_\_\_ Husband \_\_\_ Wife \_\_\_ Children \_\_\_ Father \_\_\_ Mother  
\_\_\_ Brother(s) \_\_\_ Sister(s) \_\_\_ Grandmother(s) \_\_\_ Grandfather(s)

Are any other members of your household receiving public assistance benefits? \_\_\_\_\_

---

## **Monthly Income**

SSI Income: \$ \_\_\_\_\_ SSDI Income: \$ \_\_\_\_\_ SS Income: \$ \_\_\_\_\_

Other Public Benefit Income (eg. food stamps): \$ \_\_\_\_\_

Pension Income (if any): \$ \_\_\_\_\_

Are you employed? Circle YES or NO

Where: \_\_\_\_\_ How long: \_\_\_\_\_

Monthly income from employment: \$ \_\_\_\_\_ Any other income: \$ \_\_\_\_\_

TOTAL monthly income: \$ \_\_\_\_\_

---

**Are there any specific purchases, specifically related to your disability, you would like to make over the next 12-24 months?**

---

---

---

**Are there any specific purchases, NOT specifically related to your disability, you would like to make over the next 12-24 months?**

---

---

---

**Have your Burial Arrangements been made?** \_\_\_\_\_



# Income and Expense Questionnaire

## CURRENT MONTHLY OBLIGATIONS

### Transportation (monthly total):

Do you own or lease a vehicle?: Circle YES or NO

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Miles: \_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_ Who Pays? \_\_\_\_\_

Do you have car insurance? (y/n) \_\_\_\_\_ Company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Major repairs done? \_\_\_\_\_

Major repairs needed? \_\_\_\_\_

Monthly Gas: \$ \_\_\_\_\_ Maintenance: \$ \_\_\_\_\_

---

### Home Expenses (monthly total):

Do you: \_\_\_\_\_ OWN or \_\_\_\_\_ RENT

Rent.....\$ \_\_\_\_\_

Mortgage.....\$ \_\_\_\_\_

Property Tax.....\$ \_\_\_\_\_

Homeowner/Renter Insurance.....\$ \_\_\_\_\_

Flood Insurance.....\$ \_\_\_\_\_

Water.....\$ \_\_\_\_\_

Electric bill.....\$ \_\_\_\_\_

Sanitation bill (trash).....\$ \_\_\_\_\_

Home phone.....\$ \_\_\_\_\_

Cable, Internet.....\$ \_\_\_\_\_

Gas.....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

---

### Medical Expenses (monthly total):

Do you have a Care Provider?: Circle YES or NO

If yes, how many times a month? \_\_\_\_\_ week? \_\_\_\_\_ day? \_\_\_\_\_

Hours a week? \_\_\_\_\_ Cost? \_\_\_\_\_ Who pays for it? \_\_\_\_\_

Doctor (medical bills).....\$ \_\_\_\_\_

Medications.....\$ \_\_\_\_\_

Therapy.....\$ \_\_\_\_\_

Medical Supplies.....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_



# Income and Expense Questionnaire

## CURRENT MONTHLY OBLIGATIONS (CONT.)

<p><b><u>Personal &amp; Misc. Costs (monthly total):</u></b></p> <p>Insurance:</p> <p>    Life.....\$ _____</p> <p>    Health.....\$ _____</p> <p>    Disability.....\$ _____</p> <p>Clothing.....\$ _____</p> <p>Entertainment.....\$ _____</p> <p>Personal Expenses.....\$ _____</p> <p>Child Support.....\$ _____</p> <p>Income Tax payments.....\$ _____</p> <p>Hair Care.....\$ _____</p> <p>Vet bills.....\$ _____</p> <p>Travel.....\$ _____</p> <p>Cell phone.....\$ _____</p> <p>Groceries, Meals Out.....\$ _____</p> <p>Tuition/Training.....\$ _____</p> <p>Other.....\$ _____</p> <p>Other.....\$ _____</p> <p>Other.....\$ _____</p>	<p><b><u>Current Obligations</u></b> Please indicate even if past due or delinquent</p> <p><b><u>Credit Cards</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Card Type</th> <th style="text-align: left;">Current Balance</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p><b><u>Other Obligations</u></b> (eg., past due medical bills, student loans, past due taxes)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type</th> <th style="text-align: left;">Current Balance</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Card Type	Current Balance	_____	_____	_____	_____	_____	_____	_____	_____	Type	Current Balance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Card Type	Current Balance																						
_____	_____																						
_____	_____																						
_____	_____																						
_____	_____																						
Type	Current Balance																						
_____	_____																						
_____	_____																						
_____	_____																						
_____	_____																						
_____	_____																						

I declare I have prepared and read this INCOME & EXPENSE QUESTIONNAIRE and that the representations are complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
Beneficiary: Print Name

\_\_\_\_\_  
Guardian Name (if applicable)

\_\_\_\_\_  
Beneficiary: Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**The completion of this Questionnaire should not be deemed an approval nor denial of any trust distribution request.**  
If you have any questions about completing this Questionnaire, please contact our Trust Financial Planning Department at 727-894-4489

Rev 8-09

