FINANCIAL QUALIFIER

**(all figures monthly)**

APPLICANT NAME

 Number of Adults

#  Number/Ages of children ­

 Health plan through work?

 Pets (Type/Breed)?

## GROSS VERIFIABLE INCOME

(amounts) (notes)

 Wages

 Wages

 Social Security Benefits

 Pension

 Alimony

 Child Support

 Interest

 Dividends

 Other

 TOTAL INCOME (+)

### EXPENSES & DEDUCTIONS

(amounts) (notes)

 Income Taxes Deduct taxes or use post tax income

 Credit Card Payments

 Vehicle Payments

 Loan Payments

 Vehicle Expenses (amt)/fin; (amt)/not; add (amt) hi risk

 Gas & Electricity Check local utility for sq. ft. avg.

 Telephone Ask app re: avg. bill; otherwise $25

 Cable TV

 Food (amt)/person

 Health Care (amt)/person who paid plan; (amt) with

 Child Care (amt)/child full day; (amt)/partial

 Pet Care (amt)/dog; (amt)/cat; (amt)/other

 Other (amt)/adult; (amt)/child

TOTAL EXPENSES & DEDUCTIONS (-)

\*\*Subtract **expenses and deductions** from **total income** to arrive at amount available for rent.\*\*

 AVAILABLE FOR RENT (=) ADJUSTED