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