

THIS IS DESIGNED TO REPLACE OR HELP YOU WITH THE ANNUALIZED INCOME AND EXPENSE PORTION OF THE MK FOUNDATION APPLICATION FORM

Enter amounts in the monthly column and it will automatically calculate the totals. Print it out, then it will replace the income and expense portion of the application form (in other words, you will not need to complete Section II and III of the application form if you complete this worksheet), print out and submit it with Section I and the addendum page  
 (this is NOT designed for use to fill in as hard copy, but to complete on your computer in Excel program as a spreadsheet. If you are completing the form on hard copy use this as a tool, and transfer amounts to the form)

**Be sure to change # of months in the appropriate column if not for next 12 months**

INCOME	Enter monthly		Enter (all in household)		TOTAL INCOME (annual)	EXPLANATIONS:
	Applicant amt.	# of Mos.	Co-App amt.	# of Months		
wages		12		12	0	<-- (NET Wages --what you bring home in a paycheck after all deductions for insurance, taxes)
Social Security		12		12	0	<-- (Regular Social Security, or Survivor Benefits)
Disability Benefit		12		12	0	<-- (SSI, SSDI, private short-term disability or long-term disability, settlements, etc)
Pension		12		12	0	<-- (Pensions, Life Insurance Benefits, Annuities)
Unemployment		12		12	0	<-- (change the number of months to reflect the period of time you will receive the benefit)
Child Support		12		12	0	<-- (the amount you actually receive)
Education Asst		12		12	0	<-- (the amount you may utilize after tuition, books, and school fees are paid)
Tax Return		1		1	0	<-- (the remaining amount of your tax return available from the current filing)
Cash		1		1	0	<-- (checking account balance, cash on hand)
Savings		1		1	0	<-- (savings account balance, 401(k), stocks, etc.--those amounts that you can access)
Other					\$ -	<-- (other income, not listed) Do NOT include food stamps, housing subsidy, ICCP, etc.
	\$ -		\$ -	\$ -		

**(do not enter- this column is an auto calculation)**

#1	Enter monthly					
EXPENSES	Amounts here	# Months	Annual Total			
Mortgage/Rent		12	0			<-- (primary residence, manufactured housing, RV, etc.)
Other Rent/Mort		12	0			<-- (space rent or income/rental property that you own)
Utilities		12	0			<-- (a monthly average for all utilities: water, sewer, trash, power, gas, heating oil, wood, etc)
Food/Clothing		12	0			<-- (the amount you spend for additional food or items food stamps does not cover like soap, etc)
Transportation		12	0			<-- (gasoline, bus passes, ride sharing, etc.)
Entertainment		12	0			<-- (cable/satellite, internet, magazine subscriptions, memberships, movies, etc.)
Child Support		12	0			<-- (the amount you actually pay)
Day Care		12	0			<-- (the amount you pay after ICCP)
Auto Insurance		12	0			<-- (if you do not pay monthly change the number of months to reflect your payment schedule)
Prescriptions		12	0			<-- (amount per month for all household members)
Laundry		12	0			<-- (if you utilize a public laundry enter expense or dry cleaning)
Cell phones		12	0			<-- (all cell phones you pay for)
Storage		12	0			<-- (amount you pay for a public storage unit, or boat/RV storage)
Car payment		12	0			<-- (only one car payment here and enter the additional cars, motorcycles, etc. under "other #2")
Other*		12	0			<-- *OTHER (#1) i.e. life insurance, health insurance, diapers, cigarettes, school activities,etc.
Other*		12	0	Expenses #1=	\$ -	

**#2 Total Balance**

Dental		12	0			<-- (Enter the total balance owed for each item listed in Section #2 as indicated under Total Balance)
Medical		12	0			<-- **OTHER (#2) RV/boat payments, credit cards, payday/convenience loans, medical/dental bills, credit repair agreements, bankruptcy payments, fines, restitution/supervision, legal expenses,
OTHER**		12	0			<-- <b>Overdue Bills:</b> Rent due current housing, deposits, house pmts due, old utilities, storage, overdue car payments, child support balances due, prior housing rent due or damage claims, (enter even if it is the need you are requesting from the foundation)
OTHER**		12	0			
OTHER**		12	0			
OTHER**		12	0			
OTHER**		12	0			
OTHER**		12	0			
OTHER**		12	0			
	\$ -		0	Expenses #2=	\$ -	

**auto calculation- do not enter anything in the column below**

SURPLUS/DEFICIT		monthly	fs	iccp	rent	
Income	\$ -	\$ -				<- Enter food stamp amount
Expenses	\$ -	\$ -				<- Enter amount of ICCP Subsidy
Result***	0.00	\$ -	\$ -			<- Enter amount of Rental Subsidy (Section 8, 42, etc.)

\*\*\* (result must be zero or negative number for eligibility including the request from the foundation that may be listed under "other" #2)  
 If this shows a surplus, then check to be sure every expense has been included on the form--you may have under-estimated or forgotten something