



## Adult Family Care Home INCOME AND EXPENSE STATEMENT

### Provider Information

AFCH License #:		Telephone Number	
Provider Name		Email Address	
Street Address	City	County	Zip

### Monthly Income

### Monthly Expenses

Monthly Income			Monthly Expenses		
Employment:	Self	\$	Rent/Mortgage Payment	\$	
	Spouse	\$	Insurance:	Car	\$
	Other	\$		Home	\$
Interest Income	\$			Health	\$
Income From Investments	\$			Other	\$
Retirement/Social Security	\$		Auto Payment	\$	
Income From Current Residents	\$		Utilities	\$	
Rental Income	\$		Phone	\$	
Other Income (specify)			Internet	\$	
1.	\$		Food Costs	\$	
2.	\$		Loans/Credit Cards	\$	
3.	\$		Other Liabilities (specify)		
			1.	\$	
			2.	\$	
			3.	\$	
<b>Total Monthly Income</b>	<b>\$</b>		<b>Total Monthly Expenses</b>	<b>\$</b>	

### Additional Information

Cash on Hand/Savings	\$	Checking Account Value	\$
Stocks/Bonds/Mutual Funds	\$	Other Assets	\$

\_\_\_\_\_  
PRINT the Name of Licensee or Authorized Representative

\_\_\_\_\_  
Signature of Licensee or Authorized Representative

\_\_\_\_\_  
Date

### Questions?

Review the information available at <http://ahca.myflorida.com/>

or contact the Assisted Living Unit at:

Phone: (850) 412-4304

Email: [assistedliving@ahca.myflorida.com](mailto:assistedliving@ahca.myflorida.com)