

Health Care Responsibility Act
Calculation of Monthly Household Expenses

Name of Head of Household: _____

Address for Household: _____

County: _____

Monthly Expenses	Paid by Whom	Monthly Payment \$
Mortgage/ Rent		
Electricity		
Water/Sewage		
Phone (Home and Cell)		
Cable/Internet		
Food (excluding Food Stamp purchases)		
Car Payment		
Car Insurance		
Other Monthly Expenses Not Specified Above		
Total Monthly Expenses		\$
Number of Adults in the home (persons over 21 years of age)		
Applicant's Contribution (Divide Total Expenses by Number of Adults)		\$

Name of Payer (Please Print)

Signature of Payer

Applicant's Name (Please Print)

Signature

Applicant's Address

City State Zip Code County

Date

Note: This form may be used for HCRA applicants who claim zero monthly income.