

Hoge & Company

Monthly Bills Worksheet

(See other side)

Name: _____

Case # _____

SSN _____

	Amount	Vendor Address	Telephone #, Account #, Notes
Rent/Landlord	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			
Electrical	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			
Gas	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			
Home Phone	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			
Cable/Sat TV	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			
Rep Payee	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Due Date			
<hr/>			

Monthly Bills Worksheet

	Amount	Vendor Address	Telephone #, Account #, Notes
Water/Sewer	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Due Date			
<hr/>			
Medical	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Due Date			
<hr/>			
Cell Phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Due Date			
<hr/>			
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Due Date			
<hr/>			
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/> <input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Due Date			
<hr/>			

Total Expenses

Personal Checks Payable to: Client Other: _____

Personal Checks are: Picked up Mailed Given to Caseworker

Frequency Of Personal Checks: Monthly (3rd) Twice monthly (10th & 25th)