

Income/Expenses Form

ment By

ΤΑΟ	CAN		Review Date			
CAT Name SSN		Earned	Income Earned RSDI		Expenses Shelter Utility	
Check all that apply:						
Meeting Expenses by:						
🗖 Paying with savings 👘 🗖 Emergen	cy Assistance (EA)	7 Fuel Assistance	Meeting ob	ligations - no exp	lanation given	
Receives non-countable income (explanation)	olain)			<u> </u>		
□ Not Meeting Expenses						
□ Not paying rent Made referral to:	Structured Job Search (SJS)					
	Homelessness Intercept Program (HIP)					
	Emergency Assistance (EA) Date of last EA					
	Vendor Payments			Date of referral		
🗇 Changes made, no longer meets Income	e/Expenses criteria (explain o	changes)				
🗆 Case closed - did not appear for eligibili	ty review 🛛 Case closed -		erifications		· _ · _ · _ ·	<u></u> <u>.</u>
🗆 Case closed - Other (explain)						
🗇 BSI referral made Referral #						
Transitional Assistance Worker Signature	Tr	ransitional Assistance	Supervisor Signatui	re		

IncExp 1 (1/2000) 02-450-0100-05