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		
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.		$
Total Monthly Income		**$**	**Total Monthly Expenses**		**$**

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