



EXPENSE	AMOUNT	Due Date	Last Paid
Rent or Mortgage			
Rent/Homeowner Insurance			
Electric			
Household Gas			
Water/Sewer/Trash			
Home Phone			
Cell Phone			
Grocery (out-of-pocket)			
Cable Television / Satellite			
Internet Services			
Vehicle Payment			
Auto Insurance			
Gasoline			
Auto Maintenance			
Doctor Visits			
Health Insurance			
Prescriptions			
Medical Bills			
Childcare			
Child Support			
Credit Cards			
Laundry			
Legal fees / Court fines			
Other			
Other			

By signing below, I confirm that all of the information in this application is correct. I give permission to Fairfield County 2-1-1 to contact any business or agency in regard to my accounts, expenses, or payments.

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Client Signature

Date

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Agency Representative

Agency Name / Phone

Date

Date Received:	Signature:	SSA787 SSA11
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