



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