## **Financial Maintenance**

Name (print)			App. Reg/Case Number	
Based on the information you provided on your Medicaid application, it appears that your income does not support your monthly living expenses. Please use the space below to list your monthly living expenses and explain how you pay for these expenses. We need this information to make a decision on your application.				
Monthly Living Expenses		Explanation of Expenses	Explanation of Expenses	
Please check the box in front of any item listed in the "Monthly Living Expenses" column for expenses you have and give the monthly amount spent on each item.		checking/savings account monies, inc	Explain how you pay for each of the monthly living expenses (such as cash on hand, checking/savings account monies, income/wages, credit cards, help from others (list their name and relationship to you) or make a note if the expense has not been paid and how long it has not been paid).	
Rent/Mortgage/Property Taxes	\$			
Water	\$	_		
Childcare	\$	_		
Cable	\$			
Phone	\$			
Heat	\$			
Electricity	\$			
Food	\$			
Transportation	\$			
Credit Card Payments	\$			
Other	\$			
To be filled out by the worker:				
Total Monthly Living Expenses	\$	_		
Total Gross Monthly Income	\$			
Applicant/Recipient must read the following and sign below:  I certify that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for Public Health Insurance Programs. I also understand that if I intentionally misrepresent my situation, I may have to repay benefits received and may be subjected to prosecution under State law.				
Signature of Applicant/Recipient			Date	
Facilitated Enrollers must read the following and sign below:				
The information reported on this form was provided solely by the applicant/recipient. I did not modify the information in any way. I understand that if I intentionally falsified information on this form or if I assisted the applicant in falsifying any information that I may lose my job and be prosecuted under State law.				
Name	Si	ignature	Date	