





City of Providence  
Indigent Application

**Household Expenses**

Expense	Monthly
Mortgage	
Property Taxes	
Homeowners Insurance	
Association Fees	
Other Mortgages	
Automobile	
Other automobile	
Auto Insurance	
Gasoline	
Water	
Sewer	
Gas	
Oil	
Electricity	
Medical (Not covered by insurance)	
Insurance (life/disability)	
Child/Dependent Care	
Groceries	
Total:	

**Gross Monthly Income**

Income	Applicant	Co-Applicant
Social Security		
Unemployment		
Pension/Annuity		
Dividend and Interest		
Rental/Board		
SNAP		
Wages		
Cash Public Assistance		
Child Support		
Total Income:		
Combined Income:		

**Reserve**

Checking Account	
Total:	
Savings Account Total:	
Cash On Hand:	
Stocks/Bonds Total:	
Total:	

SEE OVER