



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

EXPENSE REVIEW

Name (Please Print): _____

CATEGORY	TYPE OF BILL	AMOUNT PAID MONTHLY
UTILITIES	WATER	
	CABLE TV	
	LANDLINE TELEPHONE	
	CELL PHONE	
	RENT	
	ELECTRIC	
	OTHER S&G	
REGULAR	FOOD	
	CLEANING / UTILITY ITEMS	
	CLOTHING / SHOES	
	TRANSPORTATION	
	LAUNDRY / DRY CLEANING	
	DRINKING WATER	
	CIGARETTES	
	VACATION EXPENSES	
	OTHER	
CREDIT	CREDIT CARDS	
	CHARGE ACCOUNTS	
	LOANS	
	CAR PAYMENT	
	CAR INSURANCE	
	CAR REPAIR	
MEDICAL	DOCTOR / DENTIST	
	HOSPITAL	
	HEALTH / LIFE INSURANCE	
	MEDICINE	
MISCELLANEOUS	COSMETICS	
	SUNDRIES (SHAMPOO, ETC.)	
	HAIRDRESSER	
	ENTERTAINMENT	
	OTHER	
TOTAL MONTHLY EXPENSES:		\$ _____

Signature of Applicant/Tenant _____

Printed Name _____

Date ____/____/____

