



# Soille San Diego Hebrew Day School

*Jewish Learning for Successful Living*

## Income and Expense Supplementary Form

ת'ס'ד

Father's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

### MONTHLY EXPENSES:

MORTGAGE/RENT \_\_\_\_\_

PROPERTY TAXES \_\_\_\_\_

#### INSURANCE-

Home/Renters \_\_\_\_\_

Auto \_\_\_\_\_

Life \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Other \_\_\_\_\_

Food \_\_\_\_\_

#### UTILITIES-

Water \_\_\_\_\_

Electricity/Gas \_\_\_\_\_

Phone \_\_\_\_\_

Trash \_\_\_\_\_

#### CAR(S)-

Monthly Payments \_\_\_\_\_

Maintenance \_\_\_\_\_

Gas \_\_\_\_\_

#### OTHER-

Synagogue Dues \_\_\_\_\_

Entertainment \_\_\_\_\_

Clothing \_\_\_\_\_

Tuition for Add. Children \_\_\_\_\_

Tzedakah \_\_\_\_\_

Caring for Elders \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENSES :** \_\_\_\_\_

### MONTHLY INCOME:

GROSS (Both Parents) \_\_\_\_\_

#### DEDUCTIONS-

Federal \_\_\_\_\_

State \_\_\_\_\_

FICA \_\_\_\_\_

Medicare \_\_\_\_\_

SDI \_\_\_\_\_

Other \_\_\_\_\_

#### OTHER INCOME-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NET INCOME:** \_\_\_\_\_

#### ADDITIONAL INFORMATION-

Credit Card Debt \_\_\_\_\_

Business Assets \_\_\_\_\_

\_\_\_\_\_

#### WHAT CAR(S) DO YOU OWN?-

Make \_\_\_\_\_ Year \_\_\_\_\_

Value \_\_\_\_\_ Owed \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_

Value \_\_\_\_\_ Owed \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_

Value \_\_\_\_\_ Owed \_\_\_\_\_

#### COMMENTS:

If you would like to share additional information about your family's finances, please either email Klara Lapp at [klapp@hebrewday.org](mailto:klapp@hebrewday.org), or write on the back of this page.

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