



Soille San Diego Hebrew Day School

Jewish Learning for Successful Living

Income and Expense Supplementary Form

ת'ס'ז

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, or write on the back of this page.

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