

**MAVERICK COUNTY HOSPITAL DISTRICT
MEDICAL FINANCIAL ASSISTANCE PROGRAM**

MONTHLY EXPENSES / MANAGEMENT

RENT / MORTGAGE.....(RENTA / ABONO DE CASA)	_____
HOME INSURANCE.....(SEGURO DE CASA)	_____
PROPERTY TAXES.....(IMPUESTOS DE PROPIEDA)	_____
UTILITIES.....(UTILIDADES)	_____
HOME / CELL PHONE...(TELEFONO DE CASA / CELULAR)	_____
CABLE.....(CABLE)	_____
LOANS.....(PRETAMOS)	_____
CREDIT CARDS.....(TARJETAS DE CREDITO)	_____
CAR PAYMENT.....(ABONO DE AUTOMOVIL)	_____
CAR INSURANCE.....(SEGURO DE AUTOMOVIL)	_____
GAS FOR CAR.....(GASOLINA)	_____
CHILDCARE.....(GUARDERIA)	_____
CHILD SUPPORT.....(MANUTENCION DE NINOS)	_____
FURNITURE PAYMENT..(ABONO DE MUEBLERIA)	_____
LIFE INSURANCE.....(SEGURO DE VIDA)	_____
MEDICAL EXPENSES/ INSURANCE PREMIUM....(GASTOS MEDICOS)	_____
FOOD PURCHASED WITH MONEY.....(COMIDA)	_____
OTHER.....(OTRO)	_____