



NAME: Last _____ First _____

PLEASE LIST YOUR BILLS BELOW:

BILL:

AMOUNT:

FOR:

MONTHLY

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

WEEKLY

- 1. _____
- 2. _____
- 3. _____

OTHER

- 1. _____
- 2. _____
- 3. _____

Is there anything you want WGCRPP to know about your bills?
