BUDGET WORKSHEET

A. Available assets and income:		_ mo/wk
<u> </u>	* -	_ mo/wk
		mo/wk
A. Total available income:	8	<u> </u>
B. Allowable Expenses:	9 9	
	Allowed Expenses	Ineligible Expenses
D . D 105	mo/wk	THOUGHOUS DYDOUSES
Electricmo/wk	mo/wk	
Coo	mo/wk	
Engl Oil	mo/wk	
Water/sewermo/wk	mo/wk	· · · · · · · · · · · · · · · · · · ·
	mo/wk	-
T-11	mo/wk	
Foodmo/wk	mo/wk	
Dersonal & Waysahald	mo/wk	
Medical/Prescriptionmo/wk	mo/wk	
T	mo/wk	
Childorn Dayson	mo/wk	
Commonweat	mo/wk	
	mo/wk	
O4h	mo/wk	
Othermo/wk	mo/wk	***************************************
Other mo/wk _	mo/wk	1
Othermo/wk	mo/wk	<u> </u>
B. Total Allowed Expenses:		*
C. Eligibility: [A. Income (-) B. Expenses]:	is less than R applicant	is eligible)
Assistance will be provided as follows:	is icos iimi D, appiicuiti	10 Congress.)
	×	* *

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.

5. Household Income Indicate any benefits or income received or applied for by you or any household member: Name Date Date Last Monthly Applied Received Amount ANB (Aid to the Needy Blind) APTD Child Support Disability (Employer) Food Stamps Fuel Assistance Gifts/Loans Maternity Benefits Medicaid OAA (Old Age Assistance) Retirement Severance Pay Social Security SSDI (SS Disability) SSI (Supplemental Security) TANF Unemployment Vacation Pay Veteran's Pension Vocational Rehabilitation WIC(Women/Infants/Children) Worker's Compensation Other: [Are you or any other household member working, volunteering, and/or receiving assistance from any other agencies? Contact Person Name Agency Name