

BUDGET WORKSHEET

Name _____

Date _____

A. Available assets and income:

	mo/wk
	mo/wk
	mo/wk
	mo/wk

A. Total available income:

B. Allowable Expenses:

	<u>Actual Expenses</u>	<u>Allowed Expenses</u>	<u>Ineligible Expenses</u>
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk	
Electric	_____ mo/wk	_____ mo/wk	
Gas	_____ mo/wk	_____ mo/wk	
Fuel Oil	_____ mo/wk	_____ mo/wk	
Water/sewer	_____ mo/wk	_____ mo/wk	
Cooking fuel	_____ mo/wk	_____ mo/wk	
Telephone	_____ mo/wk	_____ mo/wk	
Food	_____ mo/wk	_____ mo/wk	
Personal & Household	_____ mo/wk	_____ mo/wk	
Medical/Prescription	_____ mo/wk	_____ mo/wk	
Transportation	_____ mo/wk	_____ mo/wk	
Childcare/Daycare	_____ mo/wk	_____ mo/wk	
Car payment	_____ mo/wk	_____ mo/wk	
Gasoline	_____ mo/wk	_____ mo/wk	
Other	_____ mo/wk	_____ mo/wk	
Other	_____ mo/wk	_____ mo/wk	
Other	_____ mo/wk	_____ mo/wk	
Other	_____ mo/wk	_____ mo/wk	

B. Total Allowed Expenses:

C. Eligibility: [A. Income (-) B. Expenses]: _____

(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

	\$	
	\$	
	\$	

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 Applied	Date Last Received	Monthly 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?

Name	Agency Name	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____