

CLIENT BUDGET WORKSHEET

OPPORTUNITIES FOR PERSONS WITH AIDS HOPWA

CLIENT NAME or ID # _____ DATE: _____

Current housing situation: _____

Number in household: _____

Total monthly income: * _____ Total monthly expenses: _____

* For short-term rent, mortgage and utility or supportive services-only applicants, use **gross** income from Eligibility Calculation Worksheet.

* For tenant-based (TBRA), project-based, or facility-based housing applicants use **adjusted** income amount from Income and Resident Rent Calculation Worksheet.

Income Sources	Household Member's Name	Amount	Month/Year
AFDC (TANF)*		\$	per
General Relief		\$	Per
Employment PT/FT*		\$	Per
VA Benefits		\$	Per
S.S.I./S.S.A		\$	Per
Disability		\$	Per
Unemployment		\$	Per
Foster Care		\$	Per
Disabled Family Member		\$	Per
Educational Assistance		\$	Per
Child Support		\$	per
Military		\$	per
Pension		\$	Per
Business Income		\$	per
Other Income		\$	per

Vehicle Information

Do you or any household member own a vehicle(s)? Yes ____ No ____

If YES and the vehicle is financed, how much is owed \$ _____ What is the monthly payment? \$ _____

Do you have car insurance? Yes ____ No ____ If Yes, How much do you pay per month/quarter? \$ _____

Medical Information

Do you have medical/health insurance? Yes ____ No ____ Payment per month/quarter/year? \$ _____

If Yes, What type of coverage do you have? _____

Do you pay for medicines or other out-of-pocket medical expenses? Yes ____ No ____

If Yes, what are they? _____

How much do you pay out of pocket per month (on average)? \$ _____

EXPENSES for NEXT 3 MONTHS

#1 Current Monthly Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#2 Next Month's Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#3 Third Month Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

1. Do you need budget counseling, money management, or how to consolidate your debts? () Yes () No
2. Are you currently enrolled in job training/employment services that may lead to increased income? () Yes () No
3. Are you currently applying for government benefits? () Yes () No

Plan to Increase Income and Reduce Expenses:

Action	Target Date:
1.	
2.	
3.	
4.	

Client's Signature: _____ **Date:** _____

Housing/Case Manager Signature: _____ **Date:** _____