

# 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:** \_\_\_\_\_