



Independent Living Program Housing Services Budget Worksheet

Check One: Independent Living Subsidy Program Chafee Housing Program

Client Name: _____ Check one: Initial Revised

Effective Date: _____ Case #, P/L: _____ / _____

Net Monthly Support		√	Monthly Expenses		√			
Wages/Tips/Commissions: \$		<input type="checkbox"/>	Rent	\$	<input type="checkbox"/>			
Educational Awards	\$	<input type="checkbox"/>	Groceries/household supplies	\$	<input type="checkbox"/>			
Pell	\$	<input type="checkbox"/>	Utilities – Gas/Electric	\$	<input type="checkbox"/>			
OR Opportunity Grant	\$	<input type="checkbox"/>	Water/Sewer/Garbage	\$	<input type="checkbox"/>			
SEOG	\$	<input type="checkbox"/>	Phone	\$	<input type="checkbox"/>			
Perkins	\$	<input type="checkbox"/>	Room & Board Sub-Total	\$	<input type="checkbox"/>			
ETV	\$	<input type="checkbox"/>	<i>Other Monthly Expenses</i>					
Stafford-subsidized	\$	<input type="checkbox"/>	Laundry/Dry Cleaning	\$	<input type="checkbox"/>			
Stafford-non-subsidized	\$	<input type="checkbox"/>	Clothing	\$	<input type="checkbox"/>			
Other:	\$	<input type="checkbox"/>	Transportation-Bus Pass	\$	<input type="checkbox"/>			
Other:	\$	<input type="checkbox"/>	Fuel	\$	<input type="checkbox"/>			
Food Stamps/WIC	\$	<input type="checkbox"/>	Car Payment	\$	<input type="checkbox"/>			
TANF	\$	<input type="checkbox"/>	Insurance	\$	<input type="checkbox"/>			
Other Monthly Support:			Repairs/Maintenance	\$	<input type="checkbox"/>			
List:	\$	<input type="checkbox"/>	Renter's Insurance	\$	<input type="checkbox"/>			
		<input type="checkbox"/>	<i>Educational:</i>					
	\$	<input type="checkbox"/>	Tuition/Fees	\$	<input type="checkbox"/>			
Total Monthly Support			Books	\$	<input type="checkbox"/>			
	\$	<input type="checkbox"/>	Supplies/Equipment	\$	<input type="checkbox"/>			
Monthly Savings Plan *	\$	<input type="checkbox"/>	Internet	\$	<input type="checkbox"/>			
Adjusted Income			<i>Medical:</i>					
	\$	<input type="checkbox"/>	Insurance	\$	<input type="checkbox"/>			
<p>* Savings: Cannot exceed 20% of youth's net income from wages.</p> <p>Use page 2 to provided comments on any of the above amounts that may appear to be out of the ordinary.</p> <p>If this is a revised budget, use page two to explain any significant changes in income or expenses.</p> <p>Note: Changes in education, employment or housing status/location require a revised CF 76, Housing Performance Agreement.</p>			Medication	\$	<input type="checkbox"/>			
			Dentist/Doctor/Optical	\$	<input type="checkbox"/>			
			Hospital	\$	<input type="checkbox"/>			
			Counseling	\$	<input type="checkbox"/>			
			Entertainment/Gifts:	\$	<input type="checkbox"/>			
			Credit Card:	\$	<input type="checkbox"/>			
			Loans:	\$	<input type="checkbox"/>			
			Other:	\$	<input type="checkbox"/>			
			Misc. Expenses Sub-Total					
			Total Monthly Expenses					

Policy Ref.: I-B2.3.5
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