



# Self-Sufficiency Calculator New York City

## My Monthly Budget:

Please complete this monthly budget worksheet before your scheduled Benefit Screening with, \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/20\_\_\_\_, at \_\_\_\_:\_\_\_\_am/pm.

For any questions, your counselor can be reached at (\_\_\_\_) \_\_\_\_-\_\_\_\_.

**\*NOTE:** The more accurate your information, the more accurate your calculator screening results will be.

My Monthly Expenses	
<b>Housing:</b>	<b>Monthly Costs</b>
Rent/Mortgage: (Do You Receive a Housing Subsidy? <b>Yes / No</b> )	\$ _____
Maintenance/Building Charges:	\$ _____
<b>Utilities Monthly Average: (Heat, AC, Lights, etc)</b>	
Gas/Electric:	\$ _____
Water:	\$ _____
<b>Food: (Do NOT Include School Meals, Eating Out or Take Out)</b>	
Monthly Grocery:	\$ _____
<b>Transportation:</b>	
Public Transit (MetroCard, Bus/Cab Fare etc):	\$ _____
Car Payments/Insurance/Gas/Maintenance:	\$ _____
<b>Child Care: (Do NOT Include School Tuition)</b>	
Child Care Cost:	\$ _____
<b>Average Monthly Health Care:</b>	
Premium: (Your Monthly Payment to Receive Coverage)	\$ _____
Co-Pay/Drug Cost: (Monthly Out-of-Pocket Expense)	\$ _____
<b>Miscellaneous: (Additional Unavoidable Monthly Costs) Total: (Optional)</b> \$ _____	
Telephones (Cell/House): \$ _____	Tuition: \$ _____
Child Support Payments: \$ _____	Laundry/Dry Cleaning: \$ _____
Cleaning/Household Items: \$ _____	Personal Hygiene: \$ _____
Entertainment (Movies, Cable, Eating Out): \$ _____	Clothing/Shoes (Including Uniforms): \$ _____
Debt Repayment: \$ _____	Other: \$ _____
<b>My Income</b>	
Income (Before Taxes): \$ _____	Received Per: <b>Week / Two Weeks / Month / Year</b>
<b>OR</b>	
Hourly Wage (Before Taxes): \$ _____	<b>Per Hour @ _____ Hours Per Week</b>
In order to run a calculator screening you will be asked about other income that you receive, such as: <b>SSI, SSD, Public Assistance, Food Stamps, Child Support Received, etc</b>	