



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