

DISLOCATED WORKER JOB SEEKER MONTHLY BUDGET WORKSHEET

Participant Name: _____ Vocational Counselor: _____

MONTHLY HOUSEHOLD INCOME (include BOTH your income and spouse's income)

Severance Pay	_____	Work/job(s)	_____
Unemployment	_____	GI Bill	_____
Workers Compensation	_____	Child Support	_____
County Food Support	_____	Social Security	_____
County cash assistance	_____	Other	_____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

MONTHLY HOUSEHOLD EXPENSES

Housing:

Rent or Mortgage	_____
Water/ Sewer	_____
Trash	_____
Electricity	_____
Heat (Gas)	_____
TV (Cable/Satellite)	_____
Telephone	_____
Home Insurance	_____
Property Tax	_____
Maintenance/Repairs	_____
Other	_____

Medical:

Insurance Premium	_____
Prescriptions	_____
Dr/Dental/Chiro	_____

Children's Expenses:

Child Support	_____
Child care	_____
Activities/Sports	_____
Tuition	_____

Transportation:

Car Payment	_____
Insurance	_____
Gasoline	_____
Maintenance/Repairs	_____

Personal:

Clothing	_____
Hair Cuts	_____
Entertainment	_____
Gifts	_____

Miscellaneous:

Food	_____
Household supplies	_____
Newspapers/magazine	_____
Pet Care	_____
Charge cards	_____
Loan Payments	_____
Other Monthly Expenses	_____

TOTAL EXPENSES: \$ _____

INCOME – EXPENSES = \$ _____

Signature

Date