

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