

Independent Living Monthly Budget Plan

Young Adult Name:		Date Completed:	
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Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when circumstances change.

A. Income & Resources			B. Expenses		
Employment: <i>(Name, Wage, Hours per week)</i>			*Only include portion that young adult is responsible for paying		
	Gross pay / month		Housing:		
		\$	Rent/Mortgage:	\$	
	Federal & State tax and other withholdings/ garnishments		Renter's / Homeowner's Insurance:	\$	
		\$	Total Housing:		\$
	Net pay / month		Utilities:		
		\$	Electricity:	\$	
			Gas / Propane:	\$	
			Water / Sewer:	\$	
			Internet:	\$	
			Trash:	\$	
			Cell Phone:	\$	
			Total Utilities:		\$
			Personal/Household Expenses:		
			Groceries:	\$	
			Clothing:	\$	
			Hygiene:	\$	
			Household Goods:	\$	
			Other (specify):	\$	
			Total Personal/Household Expenses:		\$
			Transportation:		
			Car Payment:	\$	
			Tags, Taxes*:	\$	
			Repairs/Maintenance*:	\$	
			Gas:	\$	
			Car Insurance:	\$	
			Bus Pass, Rides/Other:	\$	
			Ride Share: <i>(Uber/Lyft/Taxi)</i>	\$	
			Total Transportation:		
			<i>*Annual / Planned expenses divided by 12 to get monthly budget amount.</i>		\$
			Healthcare: <i>(include premiums, co-pays, prescriptions, etc.)</i>		
		\$			\$
Additional Income or Financial Support? If yes, the amount received monthly: (Ex. Parents/grandparents, friends)			Healthcare: <i>(include premiums, co-pays, prescriptions, etc.)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$		

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Child Support: <input type="checkbox"/> N/A	\$		Child Expenses:		
			Daycare:	\$	
Childcare Assistance: <input type="checkbox"/> N/A	\$		Diapers:	\$	
			Formula:	\$	
Cash Assistance: <input type="checkbox"/> N/A	\$		Clothing:	\$	
			Child Support:	\$	
Food Assistance: <input type="checkbox"/> N/A	\$		Total Child Expenses:		
			\$		
Housing Assistance / Housing Voucher: <i>(HUD Voucher, Rapid Rehousing, etc.)</i>			Debts: (monthly payments)		
Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay-Day/Title:	\$	
Date:			School <i>(loans/pell grant repayment):</i>	\$	
City:			Credit Card(s):	\$	
Agency:			Other (specify):	\$	
Number:				\$	
Contact/Email:				\$	
Type: <i>(FUP, FYI, Public Housing, Etc)</i>		\$	Total Debts:		
			\$		
SSI: <input type="checkbox"/> N/A	\$		Recreation:		
			Subscriptions: <i>(Netflix, Spotify, YouTube, Monthly Boxes)</i>	\$	
			Eating Out:	\$	
			Other (specify):	\$	
			Total Recreation:		
			\$		
			Savings:		
			\$		
			Other (specify):		
			\$		
			Total Monthly Expenses:		
			\$		
Total Monthly Income and Resources prior to IL financial assistance:		\$			

By signing below, I agree to:

- Provide copies of receipts, estimates, leases, and other documentation as requested by my Independent Living Coordinator to assist in the provision of my monthly support.
- Follow my education/ employment plan. If I do not follow my plan, my monthly support provided by the DCF Independent Living Program will end and I will not be able to receive funding from this program.

Signature of Young Adult:		Date:
Signature of DCF IL Coordinator:		Date:
A copy of this completed monthly budget was provided to the young adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

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C. Start Up Funds and Vehicle Repair			
<i>This section is to help young adults and DCF IL Coordinators understand and plan for start-up and/or vehicle repair expenses. This section is not mandatory to complete and is to be only used for young adults who qualify for start-up and/or vehicle repair funds.</i>			
Expense:	Prior Amount Utilized:	Current Amount:	Requested:
Vehicle Repair (8126)	\$	\$	\$
Household Items (8122)	\$	\$	\$
Rent/Utility Deposit (8100)	\$	\$	\$

Signature of Young Adult:		Date:
Signature of DCF IL Coordinator:		Date:
Approval by DCF IL Supervisor:		Date:

