Independent Living Monthly Budget Plan

Young Adult Name:		**Date Completed:**	

Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when circumstances change.

A. Income & Resources

Employment: *(Name, Wage, Hours per week)*	Gross pay / month	$
	Federal & State tax and other withholdings/ garnishments	$
	Net pay / month	$
Additional Income or Financial Support? ☐ **Yes** ☐ **No**	If yes, the amount received monthly: (Ex. Parents/ grandparents, friends)	$

B. Expenses

***Only include portion that young adult is responsible for paying**

Housing:		
Rent/Mortgage:	$	
Renter's / Homeowner's Insurance:	$	
Total Housing:		$
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: *(Uber/Lyft/Taxi)*	$	
Total Transportation: ***Annual / Planned expenses divided by 12 to get monthly budget amount.**		$
Healthcare: *(include premiums, co-pays, prescriptions, etc.)*		$

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

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	**☐ Yes ☐ No**	**Date:**

C. Start Up Funds and Vehicle Repair			
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.			
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:**