# 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** **Only include portion that young adult is responsible for paying* | | |
|---|---|---|---|---|---|
| **Employment:** *(Name, Wage, Hours per week)* | Gross pay / month | $ | **Housing:** | | |
| | | | Rent/Mortgage: | $ | |
| | | | Renter's / Homeowner's Insurance: | $ | |
| | | | **Total Housing:** | | $ |
| | Federal & State tax and other withholdings/ garnishments | $ | **Utilities:** | | |
| | | | Electricity: | $ | |
| | | | Gas / Propane: | $ | |
| | | | Water / Sewer: | $ | |
| | | | Internet: | $ | |
| | | | Trash: | $ | |
| | | | Cell Phone: | $ | |
| | | | **Total Utilities:** | | $ |
| | **Net pay / month** | $ | **Personal/Household Expenses:** | | |
| | | | Groceries: | $ | |
| | | | Clothing: | $ | |
| | | | Hygiene: | $ | |
| | | | Household Goods: | $ | |
| | | | Other (specify): | $ | |
| | | | **Total Personal/Household Expenses:** | | $ |
| **Additional Income or Financial Support?** | If yes, the amount received monthly:<br><br>(Ex. Parents/ grandparents, friends) | $ | **Transportation**: | | |
| | | | Car Payment: | $ | |
| | | | Tags, Taxes*: | $ | |
| | | | Repairs/Maintenance*: | $ | |
| | | | Gas: | $ | |
| | | | Car Insurance: | $ | |
| | | | Bus Pass, Rides/Other: | $ | |
| | | | Ride Share: *(Uber/Lyft/Taxi)* | $ | |
| | | | **Total Transportation:**<br>***Annual / Planned expenses divided by 12 to get monthly budget amount.*** | | $ |
| | | | **Healthcare:** *(include premiums, co-pays, prescriptions, etc.)* | | $ |

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| ☐ **Yes** ☐ **No** | | | | | |
| **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): | $ | |
| | | | | $ | |
| | | | | $ | |
| | | | | **Total Debts:** | $ |
| | | | **Recreation:** | | |
| | | | Subscriptions: *(Netflix, Spotify, YouTube, Monthly Boxes)* | $ | |
| | | | Eating Out: | $ | |
| | | | Other (specify): | $ | |
| | | | | **Total Recreation:** | $ |
| **SSI:** ☐ N/A | | $ | **Savings:** | | $ |
| **Total Monthly Income and Resources prior to IL financial assistance:** | | $ | **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.

| | | |
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| **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** | | | |
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| *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:** |