

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			
			<i>*Only include portion that young adult is responsible for paying</i>			
Employment: (Name, Wage, Hours per week)	Gross pay / month	\$	Housing:		\$	
	Federal & State tax and other withholdings/ garnishments	\$	Rent/Mortgage:	\$		
			Renter's / Homeowner's Insurance:	\$		
	Net pay / month	\$	Total Housing:		\$	
Additional Income or Financial Support?	If yes, the amount received monthly: (Ex. Parents/ grandparents, friends)	\$	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:		\$				
		<i>*Annual / Planned expenses divided by 12 to get monthly budget amount.</i>	\$			
		Healthcare: (include premiums, co-pays, prescriptions, etc.)	\$			

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

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: