

PERSONAL RESOURCE WORKSHEET



Participant Name: _____

Family Size: _____

Monthly Income as of: _____

Monthly Expenses as of: _____

Personal:	\$	-
Spouse/Companion:	\$	-
Other Family Members:	\$	-
Child Support:	\$	-
Social Security:	\$	-
Retirement/Pensions:	\$	-
L&I (Labor and Industry):	\$	-
Unemployment Benefits:	\$	-
Public Assistance/TANF:	\$	-
Public Assistance/Food Benefits:	\$	-
Other Income:	\$	-
Other Income:	\$	-
Grants:	\$	-
Grants:	\$	-
Grants:	\$	-
Scholarships:	\$	-
Total Monthly Income:	\$	-

Rent/Mortgage:	\$	-
Electricity:	\$	-
Heating:	\$	-
Telephone/Cell:	\$	-
Water/Sewer/Garbage:	\$	-
Internet:	\$	-
Cable:	\$	-
Car Insurance:	\$	-
Car Payment:	\$	-
Food:	\$	-
Child Support:	\$	-
Clothing:	\$	-
Daycare:	\$	-
Gasoline/Bus/Taxi:	\$	-
Medical Bills/Medical Insurance:	\$	-
Credit Card Payment 1:	\$	-
Credit Card Payment 2:	\$	-
Credit Card Payment 3:	\$	-
Loan Payments1:	\$	-
Loan Payments 2:	\$	-
Loan Payments 3:	\$	-
Personal Expenses	\$	-
Miscellaneous:	\$	-
Entertainment:	\$	-
School:	\$	-
Total Monthly Expenses:	\$	-

Total Monthly Income:	\$	-
Less Total Monthly Expense:	\$	-
Equals Net Income	\$	-

I certify that the above is true and accurate to the best of my knowledge. I further understand that any receipt of support services is contingent upon the availability of funds.

Client Signature

Date

Employment Counselor Signature

Date

No Changes

No Changes

CM Signature/Date

CM Signature/Date