

**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:	\$	-
<b>Total Monthly Income:</b>	<b>\$</b>	<b>-</b>

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:	\$	-
<b>Total Monthly Expenses:</b>	<b>\$</b>	<b>-</b>

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