

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