

FORM K

BUDGET WORKSHEET

Name _____

Date _____

A. Available assets and income:

_____	_____ mo/wk
_____	_____ mo/wk
_____	_____ mo/wk
_____	_____ mo/wk

A. Total available income:

B. Allowable Expenses:

	<u>Actual Expenses</u>	<u>Allowed Expenses</u>	<u>Ineligible Expenses</u>
Rent/Board/Mortgage	_____ mo/wk	_____ mo/wk	_____
Electric	_____ mo/wk	_____ mo/wk	_____
Gas	_____ mo/wk	_____ mo/wk	

Fuel Oil	_____ mo/wk	_____ mo/wk	

Water/sewer	_____ mo/wk	_____ mo/wk	_____
Cooking fuel	_____ mo/wk	_____ mo/wk	_____
Telephone	_____ mo/wk	_____ mo/wk	

Food	_____ mo/wk	_____ mo/wk	

Personal & Household	_____ mo/wk	_____ mo/wk	

Medical/Prescription	_____ mo/wk	_____ mo/wk	

Transportation	_____ mo/wk	_____ mo/wk	

Childcare/Daycare	_____ mo/wk	_____ mo/wk	

Car payment	_____ mo/wk	_____ mo/wk	

Gasoline	_____ mo/wk	_____ mo/wk	

Other	_____ mo/wk	_____ mo/wk	

Other	_____ mo/wk	_____ mo/wk	

Other _____ mo/wk _____ mo/wk

Other _____ mo/wk _____ mo/wk _____

B. Total Allowed Expenses:

C. Eligibility: [A. Income (-) B. Expenses]: _____
(If A is greater than B, applicant is ineligible. If A is less than B, applicant is eligible.)

Assistance will be provided as follows:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Note: This form should accompany a Notice of Decision. The welfare official should use discretion in accepting actual expenses relative to employment, work search, medical needs, etc.