WORKSHEET ONE: MONTHLY INCOME AND EXPENSES

This worksheet helps determine how much money you have each month and how much all the things you will need to buy will cost.

MONTHLY INCOME

List all current, regular monthly income after taxes for yourself and your co-borrower/signer or housemate from all the sources listed below. Note that you may or may not be eligible for items on the following list AND you may want to explore your eligibility with your Circle of Support.

| | Average monthly amount |
|--|------------------------|
| Money from jobs (after-tax) | \$ |
| Supplemental Security Income (SSI) | \$ |
| Minnesota Supplemental Aid (MSA) | \$ |
| MSA Shelter Needy Supplement | \$ |
| Social Security Disability Insurance (SSDI) | \$ |
| General Assistance payments | \$ |
| Supplemental Nutrition Assistance Program (MN SNAP) | |
| (The dfference between what you pay and your certificate values) | \$ |
| Trust funds | \$ |
| Dividends or interest earnings from stocks, bank accounts, etc. | \$ |
| Money received regularly from family or friends | \$ |
| Other sources of income, cash or cash equivalents, bus passes, etc. (please list): | \$ |
| | \$ |
| Your total monthly income | \$ |

MONTHLY EXPENSES

Estimate your monthly expenses for the housing situation you would like. Then you can see if your income is enough to pay for all the things you need and want. At the bottom of the page you can compare total monthly expenses with total monthly income. If expenses are more than income you may need to think how to reduce expenses (or how to increase income).

| Mortgage payment or rent for your home* | \$ |
|---|----|
| Property taxes/condominium or cooperative fees* | \$ |
| Home owner's or renter's insurance | \$ |
| Electricity payment* | \$ |
| Gas payment* | \$ |
| Water, sewer, and garbage charges* | \$ |
| Repairs and maintenance on your home | \$ |
| Food | \$ |
| Clothing | \$ |
| Furniture, appliances, and household items | \$ |
| Telephone | \$ |
| Transportation | \$ |
| Recreation and leisure activities | \$ |
| Cable services (TV and Internet) | \$ |
| Health care and assistive devices | \$ |
| Debt payments | \$ |
| Other [please list]: | |
| Repairs and replacement fund | \$ |
| | \$ |
| Total monthly expenses | \$ |
| Total monthly income | \$ |

^{*} Estimates of these costs should be available from a landlord of a rental property or from a realtor.