

LIVING CHOICE DEMONSTRATION PROJECT
Monthly Budget Worksheet

Participant Name: _____

| Monthly Income | \$ | Monthly Expenses | \$ |
|--|----|-----------------------------------|----|
| Social Security/SSDI | | Rent | |
| SSI | | Utilities: Gas | |
| State supplement - \$46.00 <i>(amount that takes you up to \$720) in 2009</i> | | Electric | |
| Food stamps | | Water | |
| From family <i>(received on a regular basis)</i> | | Telephone | |
| Other | | Cable Television | |
| | | Food | |
| | | Cleaning supplies | |
| | | Laundry | |
| | | Transportation | |
| | | Medications | |
| | | Medical supplies | |
| | | Clothing | |
| | | Entertainment | |
| | | Checking account | |
| | | Cigarettes | |
| | | Miscellaneous: postage | |
| | | | |
| | | | |
| | | Reserve for emergencies: | |
| | | Maintenance & repair of equipment | |
| | | | |
| Total Income | | Total Expense | |