

# Financial Assessment

	<b>Current Month</b>	<b>Projected Month</b>		<b>Current Month</b>	<b>Projected Month</b>
<b>Fixed Monthly Expenses</b>	<u>Month</u>	<u>Month</u>	<b>Gross Income</b>	<u>Month</u>	<u>Month</u>
Rent/Mortgage (include taxes and insurance if applicable)			Wage – self		
Gas/Electric			Wage – spouse		
Water			Unemployment – ends: _____		
Telephone			Severance – ends: _____		
Cable			Savings (monthly)		
Trash			Investment Income		
Insurance (do not include medical or auto)			Social Security		
Credit Card Payments (for revolving balance)			Alimony		
Medical Insurance			Child Support		
Medical Expenses (include recurring monthly expenses, if any)			Other Income (list amount and source)		
Car Insurance					
Car Payments					
Other loan payments					
Federal and State Income Taxes					
Alimony			<b>TOTAL</b>		
Child Support			<b>CASE MANAGER STAFF ONLY</b>		
Other (please, explain)			Family Status		
			Family Size		
<b>TOTAL</b>			Dependents		
Plus 30%			Non-WIA Supportive Services		
<b>TOTAL</b>			(Source and Type)		

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date