

CHS Sample Monthly Budget Worksheet

Monthly Income:

List all current, regular monthly income after taxes for your family member below.

<u>Income</u>	<u>Average Amount per month</u>
Employment Income (net)	\$ _____
SSI/SSDI	\$ _____
Food Stamps	\$ _____
Trust Fund/Investment earnings	\$ _____
Monthly assistance from family	\$ _____
Section 8 Housing Subsidy	\$ _____
Other Income (list sources):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Income	\$ _____

Monthly Expenses:

List/estimate all monthly expenses for the housing model you are considering.

<u>Expenses</u>	<u>Average Amount per month</u>
Rent/Mortgage	\$ _____
Condo fee/property taxes	\$ _____
Homeowner or Renter Insurance	\$ _____
Gas/Electric payment(s)	\$ _____
Water/Sewage/Trash Collection	\$ _____
Cable/Phone/Internet	\$ _____
Repairs & Maintenance	\$ _____
Food	\$ _____
Clothing	\$ _____
Furniture/Household items	\$ _____
Transportation	\$ _____
Recreation and Leisure	\$ _____
Health Care	\$ _____
Support staff services (list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

Contact us to find out more about what's possible:

**Janice Ellis, Director of Clinical Supports
Cooperative for Human Services, Inc.
420 Bedford Street, Suite 100
Lexington, MA 02420
(781) 538-4626 x 230
jellis_ballerini@cooperativeforhs.org**