

# Home Management



**Other Documents That I Will Add to This Section:**

- Pay stub with itemized wages, taxes and deductions
- Chore Chart
- 
-



## Where We Live

Our Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we moved to this address: \_\_\_\_\_

## Our Housing History

Address: \_\_\_\_\_

When we moved there: \_\_\_\_\_ When we moved away: \_\_\_\_\_

Address: \_\_\_\_\_

When we moved there: \_\_\_\_\_ When we moved away: \_\_\_\_\_

Address: \_\_\_\_\_

When we moved there: \_\_\_\_\_ When we moved away: \_\_\_\_\_

Address: \_\_\_\_\_

When we moved there: \_\_\_\_\_ When we moved away: \_\_\_\_\_



## Funding Sources & Assistance

**Job** \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

Funds per month \$ \_\_\_\_\_

**Job** \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

Funds per month \$ \_\_\_\_\_

**Other Funding Source** \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

Funds per month \$ \_\_\_\_\_

**Other Funding Source** \_\_\_\_\_

How often do you get paid? \_\_\_\_\_

Funds per month \$ \_\_\_\_\_

### ***Assistance and Supports***

*Visit Bridges to Benefits to find out where to apply and what agencies can help you with the application process. <http://mn.bridgetobenefits.org/ScreeningTool/ProgramDirectory>*

### **Cash Assistance--- Diversionary Work Program (DWP) or Minnesota Family Investment Program (MFIP)**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_



**Child Care Assistance Program**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

My Co-Pay \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Energy Assistance Program (EAP)**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Ramsey County Emergency Financial Assistance**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Rental Assistance (Section 8, Public & Indian Housing)**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Supplemental Nutrition Assistance Program (SNAP)--- Food EBT Card**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_



**Supplemental Security Income (SSI)**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Women, Infants and Children (WIC)**

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Other Assistance/Support** \_\_\_\_\_

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Other Assistance/Support** \_\_\_\_\_

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Other Assistance/Support** \_\_\_\_\_

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Other Assistance/Support** \_\_\_\_\_

Case Worker and Contact Info \_\_\_\_\_

Funds/Benefits per month \$ \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_



## Monthly Income

Funding Source	How much?
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL MONTHLY INCOME</b>	\$

SAMPLE Income Chart	
Supplemental Security Income (SSI)	\$ 600.00
SNAP (food stamps)	\$ 150.00
Part-time job	\$ 200.00
<b>Total Monthly Income</b>	<b>\$ 950.00</b>

## My Savings

Description	How Much?
	\$
	\$
	\$
	\$
	\$



## Monthly Living Expenses

Use this worksheet to track your "everyday" expenses. For 1 month, save receipts for everything you buy! If you don't get a receipt, then write a note to yourself about what you spent. Don't forget to look at the expenses on your credit card or debit card statements. At the end of the month, add it all up! Put an X in the column if the item is something you "need" or something you "want." Remember- we have some control over our "everyday" spending.

Description	Need	Want	How Much?
Beauty or Fitness (hair salon, make up, nails, gym membership)			\$
Cleaning Supplies (mop, laundry detergent...)			\$
Clothing			\$
Eating out and fast food			\$
Entertainment (apps, games, movies, subscriptions...)			\$
Furniture and Household Items (lamp, vacuum cleaner)			\$
Groceries			\$
Maintenance (car repair, oil change, fixing a laptop...)			\$
Medical (co-pays, over the counter medicines...)			\$
Personal Care (shampoo, toothpaste, diapers...)			\$
School			\$
Transportation (bus tickets, gasoline,...)			\$
Other (gifts, travel...)			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL MONTHLY EXPENSES</b>			\$



## Monthly Bills and Debt

Description	How Much?
Bundle—Internet, TV, Phone	\$
Child Care/ Daycare	\$
Cell Phone	\$
Credit Card #1 debt *	\$
Credit Card #2 debt *	\$
Insurance (car, home)	\$
Rent or housing payment	\$
Student Loans	\$
Trash	\$
Utilities (Water)	\$
Utilities (Electricity)	\$
Utilities (Gas)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Monthly Bills</b>	\$

Compared to our "everyday" living expenses, we have less control over our monthly bills and debts. These amounts tend to be a set amount every month.

\* If you are carrying unpaid debt on your credit card, enter your average monthly payment on this Monthly Bills and Debts worksheet. (Example: I pay \$100 every month to Visa.)

\* If you use your credit card to make purchases each month, enter all of your monthly credit card purchases on the Monthly Expenses worksheet. (Example: In October, I used my credit card to purchase \$40 in gasoline and \$58 in groceries. So, I will add those purchases to my Monthly Expenses worksheet.)





# Monthly Budget

Name of Month \_\_\_\_\_

Look at your Monthly Income and Savings to decide how much money you can spend. Try to plan for surprises (like a car repair.) Think about “Needs” versus “Wants”. Try not to spend more than your Planned Monthly Income.

Planned Monthly Income (jobs, other income, and assistance/benefits) \$ \_\_\_\_\_

At the beginning of the month, fill out “How I will Spend My Money” and “Planned Spending.”  
At the end of the month, fill out “Actual Spending” and the worksheet on the next page.

How I Will Spend My Money (living expenses, bills, and debts)	Planned Spending My Cash	Planned Spending Assistance/Benefits	Actual Spending Cash + Assistance
<i>Example: groceries</i>	\$ 50.00	\$ 300.00	\$ 350.00
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Totals</b>	\$	\$	\$



## Monthly Budget Worksheet

Fill in this worksheet at the end of each month...

\$ \_\_\_\_\_ Total Actual Monthly Income (jobs, other income & assistance/benefits)

- \$ \_\_\_\_\_ Total Actual Spending (cash & assistance/benefits)

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\$ \_\_\_\_\_ Total over or under budget for this month

**If you are under budget →**

Yay! You can put your money in savings or spend it on something you have been wanting/needing.

**If you are over budget →**

This means that you spent more than you have. You may need to borrow money, use your savings, take on extra hours at your job or maybe add on a “side hustle” like babysitting, rideshare driving, or car repair etc.

## Savings

I Am Saving My Money For...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_





## Work/Volunteer History

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Salary or Hourly pay: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Salary or Hourly pay: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Salary or Hourly pay: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Salary or Hourly pay: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Salary or Hourly pay: \_\_\_\_\_



### Weekly Meal Plan

<b>M</b>	
<b>T</b>	
<b>W</b>	
<b>TH</b>	
<b>F</b>	
<b>S</b>	
<b>SU</b>	

Grocery List	