

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?
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL MONTHLY INCOME	\$

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

My Savings

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



Monthly Expenses

Use this worksheet to track your monthly 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 and how much it cost. 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 you think the item is something you "need" or something you "want."

Description	Need	Want	How Much?
Beauty/Personal Maintenance (hair salon, make up, nails...)			\$
Cleaning Supplies (mop, laundry detergent...)			\$
Clothing			\$
Eating out			\$
Entertainment (cell phone apps, games, movies...)			\$
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 Items (toothpaste, diapers...)			\$
School			\$
Transportation (bus tickets, gasoline...)			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL MONTHLY EXPENSES			\$



Monthly Bills and Debt

Description	How Much?
Bundle—Internet, TV, Phone	\$
Cell Phone	\$
Credit Card #1 debt *	\$
Credit Card #2 debt *	\$
Internet	\$
Phone (landline)	\$
Rent	\$
Student Loans	\$
TV	\$
Utilities (Electricity)	\$
Utilities (Gas)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Bills	\$

* 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 (expenses and bills)	Planned Spending My Cash	Planned Spending Assistance/Benefits	Actual Spending Cash + Assistance
<i>Example: groceries</i>	\$ 50.00	\$ 300.00	\$ 345.00
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Totals	\$	\$	\$



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)

\$ _____ 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

M

T

W

TH

F

S

SU

Grocery List