

ARIZONA CAREER PATHWAYS MONTHLY BUDGET REVIEW
(NOTE: Please fill out form in pencil)

Name: _____ No in Household: _____ Date: _____

Monthly income for the month of _____

Career Counselor Use Only

\$ _____

PARTICIPANT MONTHLY
HOUSEHOLD INCOME

INCOME

- 1a. Gross Wages- Participant \$ _____
- b. Net Wages- Participant \$ _____
- 2a. Gross Wages- Spouse \$ _____
- b. Net Wages- Spouse \$ _____
- 3. Other Wages-Tips etc. \$ _____
- 4a. Self Employed-Participant \$ _____
- b. Self Employed-Spouse \$ _____
- 7. Interest \$ _____
- 8. Dividends \$ _____
- 9. Rental Income \$ _____
- 10a. Retirement- Participant \$ _____
- b. Retirement- Spouse \$ _____
- 11a. SSI/Social Security-Participant \$ _____
- b. SSI/Social Security-Spouse \$ _____
- 12a. UE Benefits- Participant \$ _____
- b. UE Benefits- Spouse \$ _____
- 13a. Workman's Comp- Participant \$ _____
- b. Workman's Comp- Spouse \$ _____
- 14. Other (Explain) \$ _____
- Total Income \$ _____**

Comments:

ASSISTANCE

- 1. Refugee Asst. \$ _____
- 2. VA Benefits \$ _____
- 2. Public Housing Asst. \$ _____
- 3. Utilities Assistance \$ _____
- 4. AFDC/TANF \$ _____
- 5. Food Stamps \$ _____
- 6. Child Care \$ _____
- 7. Voc Rehab \$ _____
- 8. Free/Reduced Lunch \$ _____
- Total Assistance Income \$ _____**

Last Certified Date

- 9. WIC YES or NO**
- 10. AHCCCS or KIDSCARE YES or NO**
- 11. KIDCO YES or NO**

Comment:

FINANCIAL AID

- 1. Scholarships \$ _____
- 2. Pell Grants \$ _____
- 3. Other Grants \$ _____
- 4. Educ. Loans-Subsidized \$ _____
- 5. Educ. Loans-Unsubsidized \$ _____
- Total Financial Aid \$ _____**

Date

Comment:

LODGING

- 1. Rent \$ _____
- 2. Mortgage/2nd mortgage \$ _____
- 3. Property Taxes/Insurance \$ _____
- 4. Homeowner's or Renters Ins \$ _____
- 5. Homeowner's Assoc. Fee \$ _____
- 6. Other: \$ _____
- Total Lodging \$ _____**

Comment:

MONTHLY UTILITIES

1. Electricity	\$ _____	Comment: _____
2. Gas	\$ _____	_____
3. Telephone	\$ _____	_____
4. Water/Sewer	\$ _____	_____
5. Cable/Satellite TV	\$ _____	_____
6. Cell Phone	\$ _____	_____
7. Internet	\$ _____	_____
8. Garbage Service	\$ _____	_____
9. Home Security Alarm	\$ _____	_____
10. Other	\$ _____	_____
Total Utilities	\$ _____	

OTHER MONTHLY EXPENSES

		Comments:
1. Food Bill (Estimated)	\$ _____	(Eating out and groceries) (you do not need your receipts)
2. Car Payment (s)	\$ _____	
3. Gas/Oil/Car Repair (EST)	\$ _____	(You do not need your receipts)
4. Car Insurance	\$ _____	
5. Child Care/School Tuition	\$ _____	
6. Child Support Payment	\$ _____	
7. Life Insurance	\$ _____	
8. Medical Insurance	\$ _____	(IF NOT TAKEN OUT OF PAYCHECK)
9. Medical/Dental Bills	\$ _____	
10. Loan Payment	\$ _____	(Student loans, personal loans or payday loans)
11. Credit Cards	\$ _____	
12. Clothing/Shoes (Estimated)	\$ _____	
13. Misc. Expenses (Estimated)	\$ _____	(includes: PETS , personal & hygiene items, cigarettes, and recreation, diapers, baby formula or other baby essentials)
14. Prescriptions/Med Exp.	\$ _____	(Co-Pays)
15. Other	\$ _____	
Total Other Expenses	\$ _____	

SUMMARY

Income	\$ _____
Financial Aid	\$ _____
Total Income	\$ _____

SUMMARY

Assistance Income	\$ _____
Total Assistance	\$ _____

Lodging	\$ _____
Utilities	\$ _____
Other Expenses	\$ _____
Total Expenses	\$ _____

I certify the information I have provided on this form is true and correct to the best of my knowledge. If any of the information changes, I will notify my career counselor immediately.

Signature _____

Date _____

I certify all the information recorded here is a true and accurate reflection of the information provided by the participant.

Career Counselor _____

Date _____