

Spendable Monthly Income

<u>Current</u>		<u>*Projected / In Process</u>		<u>Date</u>
Name _____	Source _____	\$ _____	Source _____	\$ _____
Name _____	Source _____	\$ _____	Source _____	\$ _____
Name _____	Source _____	\$ _____	Source _____	\$ _____
Other _____	Source _____	\$ _____	Source _____	\$ _____
Total (A)		\$ 		
			Total (B) \$ 	

4. ASSESSMENTS

Strengths

Needs

Monthly Living Expenses

Shelter:

Rent/Mortgage \$ _____

Repairs / Replacements \$ _____

Taxes/Insurance \$ _____

Utilities (Average) \$ _____

Other _____ \$ _____

Transportation:

Car Payment \$ _____

2nd Car Payment \$ _____

Fuel \$ _____

Insurance (Monthly) \$ _____

Maintenance/Repairs \$ _____

Other _____ \$ _____

Personal:

Clothing/Laundry \$ _____

Cell/Pager/Internet \$ _____

Dependent Care \$ _____

Entertainment/Cable \$ _____

Food/Hygiene \$ _____

Gifts \$ _____

Insurance (health, life, etc.) \$ _____

Medical/Prescriptions \$ _____

Vacation \$ _____

Other _____ \$ _____

Contributions:

Local \$ _____

World Church \$ _____

Other Charities \$ _____

Debts/Liabilities (from list on reverse): \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Expenses (C) **\$**

Support sought from family & friends?

Support sought from State & Federal agencies?

Income / Expense Summary

Income (A) \$ _____

Income (B) \$ _____

Subtotal \$ _____

Less:

Expenses (C) \$ _____

NET (+ or -) **\$**

NOTES:

Reviewed / Discussed with:

Name Date

On extended aid cases, please send copy to World Headquarters.

5. RECOMMENDATIONS/OPTIONS/ALTERNATIVES

Signature of Minister/Title _____ Date _____

6. DECISION/PLAN (FINANCIAL, NON-FINANCIAL)

Who	What	Date

Signature of Minister/Title _____ Date _____

7. FOLLOW UP MINISTRY (MONITORING)

1st Contact _____

_____ Signed

2nd Contact _____

_____ Signed

3rd Contact _____

_____ Signed