

Individual Financial Profile	
Date	
Name	SS#:
Address	
Number of roommates sharing expenses	Personal Supports Y or N
Savings Account balance	as of:
Checking Account balance	as of:
I. Monthly Income Received	
Staff Person Assisting in Profile Completion	
Employment	
SSA	
SSI	
Social Security Representative Payee	
VA Benefits	
Food Stamps	
Other (specify)	
Total Monthly Income:	
II. Projected Monthly Expenses	
See Attachment "A" for Personal Supports/Roommates	
A. Housing	
1. Rent/Room & Board	
2. Utilities	
3. Telephone	
4. Cable TV	
5. Garbage	
6. Lawn Service	
7. Other (specify)	
Housing Subtotal:	
B. FOOD/HOUSEHOLD	
C. TRANSPORTATION	
D. Personal	
1. Entertainment	
2. Clothing	
3. Personal Items	
4. Health Related	
5. Insurance	

6. Paid Roommate	
7. Paid Neighbor	
8. Spending Money @ \$ /week:	
9. Laundry Money :	
10. Other (specify):	
Personal Subtotal:	
Total Monthly Expenses:	

III. Comparison of Monthly Income with Projected Monthly Expenses	
Total Monthly:	
Total Monthly Expenses:	
Monthly Income minus Monthly Expenses:	
To meet projected expenses, present monthly income will be:	
Sufficient	
Insufficient	

IV. Start-up Expenses Comparison of Share Start-up Expenses for Personal Supports/Roommates					
	Personal Supports	Individual	Roommate 1	Roommate 2	Total Expenses
A. First month rent					
B. Last month rent					
C. Security deposit					
D. Electric Deposit					
E. Electric hook-up					

F.Telephone deposit					
G.Telephone hook-up					
H.Cable installation					
I.Furnishings					
J.Household supplies					
K.Pantry stocks					
L.Moving costs					
M. Other (specify)					
Total Start-Up Expenses					

V. Comparison of Available Funds with Projected Start-up Expenses for Individual

Savings Account Balance: |

Checking Account Balance: |

Subtotal-Funds Savings and Checking Balance:

Amount needed to meet any financial obligations prior to move: |

Subtotal-Funds available (Savings and Checking minus financial obligations) |

Amount to remain in savings account for emergencies, etc. (living expenses For 2 months is suggested):

Subtotal-Funds available minus Emergency Funds:

Total Start-up Expenses |

Total Start-up funds requested |

A positive total represents surplus savings for the individual and no start-up grant should be needed.
 Negative total represents the maximum amount of start-up funds by the individual.

VI. Individual Start-up and Monthly Subsidy Recommendations

____Based on the figures above, a **start-up grant** of _____ is recommended for _____ 20__ (year)

____Based on the figures above, a **monthly subsidy** of _____ to commence in _____ 20__ (year) is recommended

____Based on the figures above, monthly income and other personal financial resources are sufficient to meet both start-up and monthly. **No financial assistance is requested at this time.**

Signatures:

Individual: _____/Guardian: _____

Supported Living

Provider: _____ Date

Submitted to Support Coordinator: _____

Support Coordinator _____ Date

returned to Supported Living Provider: _____

Guardian/Advocate

District/Region Office:

Start-up Grant ____ Denied ____ Approved for \$ _____

Monthly Subsidy ____ Denied ____ Approved for \$ _____

Authorizing signature _____

ATTACHMENT "A"

Comparison of Shared Monthly Expenses For Personal Supports/Roommate

- *Personal Supports will pay \$_____ toward rent (an equal proportion of rent and utilities)*
- *The individual/roommate(s) is/are responsible for the balance of the rent and all of the utilities.*
- *Receipts and expense forms will be maintained.*

	Personal Supports	Individual	Roommate 1	Roommate 2	Total Expenses
HOUSING:					
1.Rent/Room &Board					
2.Utilities					
3.Telephone					
4.Cable TV					
5.Garbage					
6.Lawn Service					
Other (specify)					
HOUSING Subtotal:					
FOOD/HOUSEHOLD					
Total Monthly Shared Expenses:					

NOTE TO SUPPORT TO SUPPORT COORDINATOR: *Please return pages 1 and 2 (with your signature) to the Supported Living provider as soon as possible. Pages 1-3 are to be submitted to the Region/Field Office. Return page 3 to the Supported Living Provider after the Regional Office has approved or denied start-up subsidy request.*