

FINANCIAL SUMMARY

Name: _____

Income Per Month	Net Income\$	Expenses Per Month	Amount\$
Wages	_____	Rent/Mortgage	_____
Public Asst	_____	Utilities/Phone	_____
General Asst	_____	Groceries	_____
T.A.N.F.	_____	Insurance	_____
SNAP/EBT	_____	Other Payments	_____
S.S.I.	_____	(List)	_____

Compensations:

VA _____
 WC _____ (workers comp)
 SS _____
 UC _____ (unapplied cash)
 Pell _____

Other Income: _____

TOTAL: \$ _____

TOTAL: \$ _____

If consumer's income is zero, an explanation is needed:
 If living with parents, describe arrangements/contributions:

Assets Estimated Value/Equity
 A. Real Property _____
 B. Personal Prop _____
 C. Cash & Savings _____
 D. Trusts _____
 E. Spec Stipends _____

Insurance:

Company _____

Hospitalization _____

Total Income _____

Total Monthly Obligations _____

Total Contributions Available _____

I hereby certify that all information stated on this form is true to the best of my knowledge. I also grant permission for Spirit Lake Vocational Rehabilitation to investigate the accuracy of this report. If my financial condition changes, I agree to notify the counselor.

Consumer Signature _____ Counselor _____ Date _____

