

## CUSTOMER BUDGET SUMMARY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*This form will help you manage your expenses while seeking employment/training.*

### FINANCIAL RESOURCES

#### *Fixed Assets*

Checking Account	\$ _____
Savings Accounts	\$ _____
Severance Pay	\$ _____
Vacation Pay	\$ _____
Other	\$ _____
<b>Total Fixed Monthly Assets</b>	<b>\$ _____</b>

#### *Monthly Income*

Personal Monthly Salary	\$ _____
Unemployment Benefits	\$ _____
TANF	\$ _____
GR	\$ _____
SSI	\$ _____
Pension	\$ _____
Child Support	\$ _____
Family Income/Support	\$ _____
Worker's Compensation	\$ _____
Other (Food Stamps)	\$ _____
Other	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

### YOUR FINANCIAL POSITION

Total Financial Resources	\$ _____
(A your total Fixed Assets and Monthly Income)	
Total Monthly Expenses	\$ _____
(Add your total Fixed and Variable Income)	

**Net Monthly Cash** **\$ \_\_\_\_\_**  
(Subtract your Total Monthly Expenses from your Total Financial Resources)

### MONTHLY EXPENSES

#### *Fixed Monthly Expenses*

Rent/Mortgage Payment	\$ _____
Utilities (Gas, Electric, Water)	\$ _____
Telephone	\$ _____
Insurance (Medical, Life, Home, Auto)	\$ _____
Loan Payments	\$ _____
Credit Cards	\$ _____
Car Payment	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Fixed Monthly Expenses</b>	<b>\$ _____</b>

#### *Variable Monthly Expenses*

Food	\$ _____
Clothing	\$ _____
Transportation (Bus fare, Gas)	\$ _____
Personal/Household Items	\$ _____
Entertainment/ Recreation	\$ _____
Child Care	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Variable Monthly Expenses</b>	<b>\$ _____</b>

### Acknowledgement

- Providing information does not guarantee program services.
  - All services are based upon the availability of funds.
- I certify that all of the above information is true and complete to the best of my knowledge. I understand that information provided by me and found to be false may disqualify me and serve as grounds for termination of services and training. In addition, I understand that I may be required to reimburse the Pacific Gateway Workforce Investment Network for services and training, which were provided to me, based on false information.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_