

Financial Worksheet: Personal Assistance Services Program

1. Name:	2. Social Security #
3. Address	
City/County:	State:
ZIP:	
4. Are you or any other adults in the household employed?	Yes <input type="checkbox"/> No: <input type="checkbox"/>
5. How many people depend on your income? (exclude foster children for whom financial support is received)	# of Dependents:

Comments:

6. What are the total monthly earnings from?

Source	<u>Gross</u> Monthly Amount
Employment	
Supported Or Workshop Employment	
Self-Employment	
Earnings of other members of the household	
Other	

Comments:

7. Non-tax deductions:

Source	Monthly Amount
Retirement contributions, including 401k, other investment	
Health insurance premiums	
Disability insurance	
Garnishments (please describe to whom payments are made)	
Child support	
Other	

Comments:

8. List gross monthly income from the following sources:

Source	Monthly Amount
Social Security Disability Insurance (SSDI) For Self	
Social Security Disability Insurance (SSDI) For Spouse If Living In The Same Household	
Social Security Disability Insurance (SSDI) For Child If Living In The Same Household	
Social Security Retirement Benefits	
Supplemental Security Income (SSI)	
Veteran's Benefits	
Worker's Compensation	
Temporary Assistance for Needy Families (TANF)	
Retirement/Pension	
Child Support	
Alimony	
Regular contributions/support from relatives	
Income from interest or dividends, including trust funds	
Other (Please Indicate Source)	

Comments:

9. Resources

Type	Amount
Money In checking account	
Money In savings account	
Money In Trust	
Retirement accounts	
Stocks, Bonds, Mutual Funds	
Other financial resources	

Comments:

10. Allowable Deductions: All expenses must be substantiated with written documentation.

Expense	Monthly Amount
Disability related transportation to and from work, school or job training via public transit which are not reimbursed by a third party (bus, Para transit, metro, or taxi fair)	
Qualifying garnishments withheld from pay	
1/3 monthly payment on lift-equipped vehicle modified due to disability	
Self-employment costs – explain below	
Other work-related expenses – explain below	
Bills for medicine not covered by a third party	
Bills for medical treatment – explain below	
Bills for medical supplies and equipment - explain below	
Non-prescription medication (\$20 Standard if taken daily. Additional allowance, see instructions)	
Tuition, books and other costs directly related to education not covered by third party	
Court-ordered child support and alimony payments	
Other (please specify)	

Comments:

I certify that the information I have provided is correct, complete, and is substantiated with attached written documentation.* I also acknowledge that I am required to report any changes in my financial circumstances of my household and that failure to do so could result in termination from the PAS program.

Consumer Signature

Date