

**Workforce Innovation and Opportunity Act**

**Budget Assessment Form**

“Long Term Financial Self-Support”

Since the training selected may last several months to two years or more, an assessment to consider financial sustainability during training should be performed. Your financial needs may help in the decision of whether long term or short term training is more feasible. Complete this worksheet to obtain a distinct picture of financial sustainability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | |
|  |  | |  |  | |
| Source(s) of Income | | | Expenses | | |
| Source | | Amount | * Rent | | $ |
|  | | $ | * Gas/Oil | | $ |
|  | | $ | * Utilities | | $ |
|  | | $ | * Water | | $ |
| **Total** | | $ | * Garbage | | $ |
|  | |  | Phone | | $ |
|  | |  | Credit Cards | | $ |
|  | |  | Support Payments | | $ |
|  | |  | Food | | $ |
|  | |  | Transportation | | $ |
|  | |  | Clothing | | $ |
|  | |  | Household Items | | $ |
|  | |  | Medical/Dental | | $ |
|  | |  | Entertainment | | $ |
|  | |  | Cable TV | | $ |
|  | |  | Car Payment | | $ |
|  | |  | Insurance | | $ |
|  | |  | Other | | $ |
|  | |  |  | | $ |
|  | |  |  | | $ |
|  | |  | Total | | $ |

* Represents cost of living (room and board)

1. Do current expenses exceed your income?

Yes No

1. Which expenses could be eliminated while attending training?

|  |  |
| --- | --- |
| **Expenses** | **Amount** |
|  | $ |
|  | $ |
|  | $ |

1. Which expenses may decrease while attending training?

|  |  |
| --- | --- |
| **Expenses** | **Amount** |
|  | $ |
|  | $ |
|  | $ |

1. Base on the calculations, would you need to work part-time while attending training?

Yes No

1. How long do you think you could afford to attend school without working?

|  |
| --- |
|  |
|  |

1. My goal is to obtain long-term training for a career that will provide self-sufficiency.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | N/A |  |

1. I have completed the attached budget exercise and have determined that I am financially able to complete a long term training program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | N/A |  |

1. I am currently enrolled or registered in training as a full time student in the following curriculum:

|  |
| --- |
|  |
| Curriculum School |

1. I have satisfactory child care arrangements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | N/A |  |

Who is currently paying for child care?

|  |
| --- |
|  |

1. I have reliable transportation arrangements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | N/A |  |

It is an estimated \_\_\_\_\_\_\_\_\_\_ miles one way from my home to the school that I plan to attend.

|  |
| --- |
|  |

Participant Signature Date