

Budget Estimator; use the estimator to calculate monthly income and expenses

Housing Budget Estimator			
<b>1. Monthly Income (Anticipated or Current)</b>			
Net Take Home Salary from Employment:			\$ _____
gross \$ per month			
Non-Taxable Income (such as Social Security, SSI, etc.)			\$ _____
Subsidy's (such as food support, Housing Voucher, Shelter Needy)			\$ _____
MSA Shelter needy grant =			
Other Income: (Pensions, Trusts, Child Support)			\$ _____
<b>Total Monthly Net Income</b>			<b>\$ -</b>
<b>2. Monthly Expenses</b>			
Rent/Mortgage	\$ _____	Clothing	\$ _____
Rental Insurance	\$ _____	Entertainment	\$ _____
Gas/Electric/heat	\$ _____	Health insurance	\$ _____
Cell Phone	\$ _____	Prescriptions	\$ _____
Telephone	\$ _____	Doctor/Dental Visits	\$ _____
Cable TV	\$ _____	Gifts	\$ _____
Internet	\$ _____	Laundry	\$ _____
Personal care (haircut,etc		Cleaning supplies	\$ _____
Water/Garbage	\$ _____	Savings	\$ _____
Bus Fare	\$ _____	Charitable Giving	\$ _____
MA/EPD Premium	\$ _____	Waiver Spendown	\$ _____
Child Support	\$ _____	HOA Due's	\$ _____
Groceries	\$ _____	Car expenses & Car Ins.	\$ _____
Other Expenses	\$ _____	Credit Card Payments	\$ _____
<b>Total Monthly Expenses</b>			<b>\$ -</b>
<b>3. Balance</b>			
<b>Total Monthly Net Income minus Total Monthly Expenses</b>			<b>\$ -</b>

## Roommate Profile Worksheet

<b>Name:</b>	
<b>E-mail Address:</b>	
<b>Phone Number:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth:</b>	<b>Expected move date:</b>
<b>Where you live now:</b>	<b>Where you want to live:</b>
<b>Monthly working budget:</b> <input type="checkbox"/> Under \$1000 <input type="checkbox"/> Over \$1000	<b>Do you need an accessible home/apartment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>What are your habits and what are you looking for in a roommate?</b>		
	<b>Check what applies to you:</b>	<b>Check what applies to your ideal roommate:</b>
<b>Smoking</b>	<input type="checkbox"/> Don't Smoke <input type="checkbox"/> Do Smoke	<input type="checkbox"/> Non-smoker <input type="checkbox"/> No Preference <input type="checkbox"/> Smoker
<b>Drinking</b>	<input type="checkbox"/> Don't Drink <input type="checkbox"/> Do Drink	<input type="checkbox"/> Doesn't Drink <input type="checkbox"/> No Preference <input type="checkbox"/> Does Drink
<b>Housekeeping</b>	<input type="checkbox"/> Not Tidy <input type="checkbox"/> Tidy	<input type="checkbox"/> Not Tidy <input type="checkbox"/> No Preference <input type="checkbox"/> Tidy
<b>Cooking</b>	<input type="checkbox"/> Cook Occasionally <input type="checkbox"/> Cook Often	<input type="checkbox"/> Cooks Occasionally <input type="checkbox"/> No Preference <input type="checkbox"/> Cooks Often
<b>Having People Over/Entertaining</b>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Occasionally <input type="checkbox"/> No Preference <input type="checkbox"/> Often
<b>Dating</b>	<input type="checkbox"/> Single <input type="checkbox"/> Attached	<input type="checkbox"/> Single <input type="checkbox"/> No Preference <input type="checkbox"/> Attached
<b>Early to Bed/ Stays up Late</b>	<input type="checkbox"/> Early <input type="checkbox"/> Late	<input type="checkbox"/> Early <input type="checkbox"/> No Preference <input type="checkbox"/> Late
<b>Music Volume</b>	<input type="checkbox"/> Soft <input type="checkbox"/> Loud	<input type="checkbox"/> Soft <input type="checkbox"/> No Preference <input type="checkbox"/> Loud
<b>Music Preference</b>	<input type="checkbox"/> Country <input type="checkbox"/> Pop <input type="checkbox"/> Hip Hop <input type="checkbox"/> Rock <input type="checkbox"/> Jazz/Blues <input type="checkbox"/> Faith-based	<input type="checkbox"/> Country <input type="checkbox"/> Pop <input type="checkbox"/> Faith-based <input type="checkbox"/> Hip Hop <input type="checkbox"/> Rock <input type="checkbox"/> No Preference <input type="checkbox"/> Jazz/Blues
<b>Talks on Phone</b>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Occasionally <input type="checkbox"/> No Preference <input type="checkbox"/> Often
<b>Going out for Fun</b>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Occasionally <input type="checkbox"/> No Preference <input type="checkbox"/> Often
<b>Currently Employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Preference <input type="checkbox"/> No
<b>Internet Use</b>	<input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Occasionally <input type="checkbox"/> No Preference <input type="checkbox"/> Often
<b>Own a Pet</b>	<input type="checkbox"/> Yes, what? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, what? _____ <input type="checkbox"/> No Preference <input type="checkbox"/> No
<b>Allergies</b>	<input type="checkbox"/> Yes, to what? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, to what? _____ <input type="checkbox"/> No Preference <input type="checkbox"/> No
<b>Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> No Preference <input type="checkbox"/> Other: _____

**Describe anything else that you may look for in your ideal roommate:**

**What are your Special Interests/Hobbies? (Choose as many as you'd like)**






- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Attending Concerts            | <input type="checkbox"/> Crafts  | <input type="checkbox"/> Reading                     |
| <input type="checkbox"/> Attending Cultural/Art Events | <input type="checkbox"/> Current Affairs/Politics                                | <input type="checkbox"/> Science Fiction             |
| <input type="checkbox"/> Auto Repair/Motorcycles       | <input type="checkbox"/> Exercise (working out, aerobics, running/jogging, etc.) | <input type="checkbox"/> Science/New Technology      |
| <input type="checkbox"/> Bars/Nightclubs               | <input type="checkbox"/> Faith Practices   | <input type="checkbox"/> Shopping                    |
| <input type="checkbox"/> Basketball                    | <input type="checkbox"/> Fishing/Hunting   | <input type="checkbox"/> Snow Skiing                 |
| <input type="checkbox"/> Bicycling                     | <input type="checkbox"/> Golf  | <input type="checkbox"/> Softball/Baseball           |
| <input type="checkbox"/> Boating/Sailing               | <input type="checkbox"/> Health/Natural Foods                                    | <input type="checkbox"/> Special Olympics            |
| <input type="checkbox"/> Bowling                       | <input type="checkbox"/> Listening to Music                                      | <input type="checkbox"/> Swimming                    |
| <input type="checkbox"/> Camping/Hiking                | <input type="checkbox"/> Movies  | <input type="checkbox"/> Tennis                      |
| <input type="checkbox"/> Clubs/Organizations           | <input type="checkbox"/> Musical Instrument                                      | <input type="checkbox"/> Video Games                 |
| <input type="checkbox"/> Collecting                    | <input type="checkbox"/> Photography   | <input type="checkbox"/> Volunteering                |
| <input type="checkbox"/> Computers/Internet            | <input type="checkbox"/> Playing Pool  | <input type="checkbox"/> Watching College/Pro Sports |
| <input type="checkbox"/> Cooking                       |  | <input type="checkbox"/> Watching TV                 |

**What Best Describes Who You Are? (Check all that apply)**

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Adventurous  | <input type="checkbox"/> Hard Working | <input type="checkbox"/> Outspoken        |
| <input type="checkbox"/> Aggressive   | <input type="checkbox"/> Humorous     | <input type="checkbox"/> Perfectionist    |
| <input type="checkbox"/> Athletic     | <input type="checkbox"/> Independent  | <input type="checkbox"/> Religious        |
| <input type="checkbox"/> Competitive  | <input type="checkbox"/> Laid Back    | <input type="checkbox"/> Reserved         |
| <input type="checkbox"/> Confident    | <input type="checkbox"/> Moody        | <input type="checkbox"/> Responsible      |
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Open-minded  | <input type="checkbox"/> Shy              |
| <input type="checkbox"/> Emotional    | <input type="checkbox"/> Organized    | <input type="checkbox"/> Spontaneous      |
| <input type="checkbox"/> Energetic    | <input type="checkbox"/> Outgoing     | <input type="checkbox"/> Talkative/Social |

**Is there anything else we should know about you (i.e.: habits, dislikes, special needs, etc.):**

**“My Own Home” Worksheet – Your self-directed plan**

<p><b>1. Where do I want to live?</b></p> 	<p><b>What town do I want to live in?</b></p> <p>1<sup>st</sup> Choice: _____</p> <p>2<sup>nd</sup> Choice: _____</p> <p>3<sup>rd</sup> Choice: _____</p>										
<p><b>2. What kind of housing do I want?</b></p> 	<p><b>Do I want to own my own place?</b></p> <p><input type="checkbox"/> House   <input type="checkbox"/> Townhouse   <input type="checkbox"/> Condo</p> <p><b>Do I want to rent?</b></p> <p><input type="checkbox"/> Apartment   <input type="checkbox"/> Condo   <input type="checkbox"/> House   <input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Duplex   <input type="checkbox"/> Other: _____</p>										
<p><b>3. Do I want a roommate?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>How many? _____</p> 	<p><b>If yes, What type of roommate do I want?</b></p> <p><input type="checkbox"/> Family Member   <input type="checkbox"/> Friend   <input type="checkbox"/> Peer   <input type="checkbox"/> Paid Caregiver</p> <p><input type="checkbox"/> College Student   <input type="checkbox"/> Other: _____</p> <p>_____</p>										
<p><b>4. What is my monthly income?</b></p> 	<p><b>This is how much money I earn each month:</b></p> <table border="1" data-bbox="854 1276 1414 1549"> <tr> <td>Social Security:</td> <td></td> </tr> <tr> <td>My Job:</td> <td></td> </tr> <tr> <td>Shelter Needy Funds:</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td><b>TOTAL:</b></td> <td></td> </tr> </table>	Social Security:		My Job:		Shelter Needy Funds:		Other:		<b>TOTAL:</b>	
Social Security:											
My Job:											
Shelter Needy Funds:											
Other:											
<b>TOTAL:</b>											
<p><b>5. How much money do I need to pay for housing each month?</b></p> 	<p><b>My rent or mortgage will be _____ each month.</b></p>										

6. How much money do I need to pay for expenses each month?



These are what my expenses will be each month:

Electric:		Heat:	
Phone:		Internet:	
Cable:		Insurance:	
Groceries:		Water/Trash:	
Other: _____		Other: _____	
Other: _____		Other: _____	
TOTAL:		TOTAL:	
GRAND TOTAL: _____			

7. What do I need help with to live in this setting?



What do I need help with in my own place?

(Examples: budgeting, shopping, rides)

8. What people or things can help me with items listing in Question 7?



Who can help me?

(Examples: Family, friends, paid staff, job coach, etc.)

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

9. Do I have any concerns about living in this setting?




What am I worried about when I move?


Who will help me with these concerns?


(Examples: What if I can't afford it? What if I get lonely? What if I have health issues?)

1.	1.
2.	3.

	3.	3.
	4.	4.
	5.	5.

<p><b>10. Who will help me move?</b></p> 	<p><b>Do I know someone with a truck to help me?</b> If yes, who: _____</p>
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<p><b>11. What do I need in my new home?</b></p> 	<p><b>What kinds of furniture and supplies will I need?</b> See Furniture Checklist.</p>
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<p><b>12. What are the tasks and who is responsible for each?</b></p> 	<p><b>Tasks:</b></p>	<p><b>Who will help me:</b></p>	<p><b>Timeline:</b></p>
	1.		
	2.		
	3.		
	4.		
	5.		