

Monthly Budget Worksheet Submitted to Request a Housing Subsidy or Support

Participant Name _____ Date _____
 Service Coordinator _____ Phone _____

INCOME (Please attach copies of all income verification documents)

SSI	
SSDI	
VA	
Pension	
Other	
Other	
Other	
Total Income * Total Income used to calculate housing subsidy is after Medicaid Spend Down	

Comments: _____

EXPENSES

Medicaid Spend Down	
Rent	
Utility	
Food	
Phone	
Cable	
Laundry	
Entertainment	
Other	
Other	
Other	
Total Expenses	

Comments: _____

TOTALS

Total Income * Total Income used to calculate housing subsidy is after Medicaid Spend Down	
Total Expenses	
Remaining Income	

I certify that the information above is true and correct as stated in the Waiver Participant Attestation.

Participant Signature _____ **Date** _____

As the Service Coordinator, I am responsible to report any change in participant status to the RRDC in a timely manner. Any additional costs incurred by the TBI Housing Subsidy Program due to insufficient notification may become the financial responsibility of the Service Coordination agency.

Service Coordinator Signature _____ **Attachment #7**
Date _____