

Little Falls Micro Fund Budget Worksheet

Applicant Name _____

Address _____

Phone no. _____

<u>Household Income</u>	<u>Self</u>	<u>Other</u>	<u>Total</u>
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Gross Monthly Income			
Net Monthly Income			

Sources of Gross Income*			
Work (if appropriate include tips)			
Unemployment			
Pension			
Annuity/401K/403B			
SSI/SSD/SSA			
Veterans Benefits			
Public Assistance/ TANF			
Food Stamps			
Child Support			
Alimony / Palimony			
Other (specify)			
Total Monthly Gross Income			

Net Income - Total Expenses =	
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Checking Account Balance	
Savings Account Balance	
IRA/401k/403b Balance	

***Please attach appropriate proof of income sources**

<u>Monthly Expenses</u>

Housing and/or Business	
Rent/ Mortgage(include taxes)	
Heat/Elect./Water Utilities (avg)	
Cable/Internet/All Phones (avg)	
Groceries/Personal Care	

Transportation	
Car Payment	
Car Insurance	
Gasoline	
Other Transportation(bus, taxi,etc)	

Debt	
Credit Cards	
Loans (commercial or other)	
Other	

Insurance	
Medical/Medicare	
Home	
Rental	
Other	

Other Expenses	
Child support you pay	
Child Care	
Pharmacy	

Total Monthly Expenses	
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Thank you for providing this information. Our goal is to process your application within ten business days.

The LFMF places the highest priority on safeguarding your personal and financial information and takes every precaution to ensure your privacy.

You have a right to expect that the information you provide will be accessible only to those who need it in order to serve your needs.