

FINANCIAL NEEDS ASSESSMENT

This form is completed by customers applying for non-scrip supportive services.

Indicate all current sources of household income and expenses or attach printed version of self-sufficiency calculator results.

(A) SOURCE OF INCOME	Monthly Income	
	Others in Household	Customer / Applicant
Wages	\$	\$
Unemployment Insurance Benefits Expiration Date:	\$	\$
Retirement Benefits	\$	\$
Public Assistance (<i>TANF / GA / Food Stamps</i>)	\$	\$
Disability Insurance Benefits	\$	\$
Workers' Compensation	\$	\$
Rental Property	\$	\$
Other (<i>Specify</i>):	\$	\$
Income Sub-Total	\$ 0.00	\$ 0.00 }
Combined Total Household Income (A)		\$ 0.00

(B) SOURCE OF EXPENSE	Monthly Expenses
Housing (<i>Mortgage / Rent / Tax / Insurance / Association Dues</i>)	\$
Utilities (<i>Gas / Electricity / Telephone</i>)	\$
Property Maintenance (<i>Water / Sewer / Garbage / Repairs</i>)	\$
Automotive Maintenance (<i>Payment / Insurance / Gas / Tune-ups, etc.</i>)	\$
Public Transportation	\$
Food	\$
Child / Dependent Care	\$
Personal Care (<i>Entertainment / Clothing / Hygiene, etc.</i>)	\$
Credit card(s) (<i>Minimum Payment</i>)	\$
Other (<i>Specify</i>):	\$
Total Expenses (B)	\$ 0.00

Total Bank Account Balances (<i>Checking & Savings</i>)	\$
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I do hereby attest that all the information provided on this financial assessment document is true and accurate to the best of my knowledge and that I do furthermore grant the Sacramento Employment and Training Agency (SETA) the right to verify the accuracy of all information provided in this process as they may deem appropriate and necessary.

Customer's Signature	Please Print Name	Date
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Combined Total Household Income (A) \$ 0.00

Subtract Total Expenses (B) \$ 0.00

Balance (A - B) \$ 0.00

Is financial need established? Yes No

Comments: