

Monthly Budget Worksheet Submitted to Request an NHTD/TBI 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			
Medicaid Spend Down			
Total Income after Medicaid Spend Down		Participant Rental Share* *1/3 of Total Income after Medicaid Spend Down	

Comments:

EXPENSES

Rent	
Utility	
Food	
Phone	
Cable	

Laundry	
Entertainment	
Other	
Other	
Other	
Total Expenses	

Comments:

TOTALS

Total Income 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 _____ **Date** _____