



WIOA: Financial Analysis

Applicant Name: _____ SSN (last 4 digits): _____

Section I: Net Monthly Income	
Source	Current
UC Benefits	
Your Net Pay	
Spouse's Net Pay	
Child Support	
Food Stamps/SNAP	
TANF	
SSI/SSDI	
Alimony	
Military Pay	
Student Loan	
Pell Grant	
Other	
Section III: For Office Use Only	
Current Expenses	
Total Current Net Income:	\$ _____
Total Current Expenses:	\$ _____
Remainder:	\$ _____
Does this indicate that the customer has enough to cover Current Expenses? <input type="checkbox"/> Y <input type="checkbox"/> N	
If no, how is the applicant currently sustaining?	
Staff Signature _____	Date ____/____/____

Section II: Total Monthly Expenses	
Item	Current
Household Expenses:	
House/Rent Payment	
Utilities	
Phone and Cell Bill	
Cable TV / Internet	
Food/Grocery	
Medical Expenses:	
Medications	
Medical / Dental Bills	
Insurance Expenses:	
Auto	
Health / Life	
Home	
Transportation Expenses:	
Car Payment	
Gas	
Public Transportation	
Misc. Expenses:	
Child Support	
Child Care	
Credit Card Pmts.	
Entertainment	
Charitable Donations	
Savings Contribution	
Loan Payments	
Other Misc. Expenses:	
Applicant Signature _____	Date ____/____/____