

MONTHLY LIVING ALLOWANCE BUDGET

Applicant Name:	
<u>Monthly Budget</u>	<u>Expense</u>
Rent/Mortgage:	\$
Electricity/Hydro/Water:	\$
Telephone:	\$
Internet:	\$
Food:	\$
Transportation (bus, fuel, etc):	\$
Childcare Payment*:	\$
Other (Please specify):	\$
Total Monthly Expenses (A)	\$
Total Monthly Income (Please include spousal income) (B)	\$
Monthly Balance (B minus A)	\$

*If you have childcare expenses, how many children require care? _____ Ages? _____

I authorize the verification of the information listed above. I certify that the information contained in this application is accurate. I understand that false information may be grounds for termination of the financial support provided by the Yukon Aboriginal Women's Council.

Client Signature: _____

Date: _____

OFFICE USE ONLY	Amount Approved:
	\$
ISSET Coordinator: Sue Christianson	
Signature:	Date: