



Complete this worksheet to calculate household's current financial hardship and determine the assistance needed to address the emergency, crisis or unexpected event. Household should demonstrate recent financial hardship, either a significant reduction of income or increase in critical expenses. If household has a negative monthly balance, assistance provided **does not have to cover the entire balance** needed.

ESTIMATED MONTHLY HOUSEHOLD INCOME (include income of all adults living in the home)			
	Last Month	This Month	Next Month (for future month requests only)
Employment income			
Unemployment/disability income			
Other Income List Sources:			
TANF/CalWORKs			
SSI			
SDI			
Social Security			
UIB			
Child Support			
CalFresh (<i>formerly Food Stamps</i>)			
Other (<i>Explain</i>):			
Emergency assistance received:			
Assistance from government program			
Assistance from family or friends			
Other (<i>Explain</i>):			
TOTAL MONTHLY HOUSEHOLD INCOME	\$	\$	\$
ESTIMATED MONTHLY HOUSEHOLD EXPENSES (include income of all adults living in the home)			
	Last Month	This Month	Next Month (for future month requests only)
Rent or mortgage			
Taxes			
Utilities: PG&E			
Utilities: water, garbage			
Telephone/cell phone			
Food/toiletries (<i>not covered by food stamps</i>)			
Health insurance			
Medical needs (<i>prescriptions, doctor visits, etc.</i>)			
Car payments			
Transportation (<i>bus, gas, tolls, parking</i>)			
Auto insurance			
Childcare			
Clothing			
Cleaning/laundry			
Installment payments (<i>credit cards, loans</i>)			
Miscellaneous (<i>cigarettes, entertainment, etc.</i>)			
Other unexpected emergency/crisis expenses (<i>Explain</i>):			
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$
FINANCIAL HARDSHIP/MONTHLY BALANCE			
	Last Month	This Month	Next Month (for future month requests only)
Total Monthly Household Income			
Less Total Monthly Household Expenses			
MONTHLY BALANCE	\$	\$	\$