

Client Name: _____

BC Centre for Ability Opportunities Fund Program

Monthly Budget Worksheet

NET MONTHLY INCOME			MONTHLY EXPENSES WHILE IN TRAINING ONLY ** PROOF OF EXPENSES MAY BE REQUIRED	
	APPLICANT (A)	SPOUSE/OTHER (B)		
EMPLOYMENT INCOME	\$	\$	RENT/MORTGAGE	\$
EMPLOYMENT INSURANCE BENEFITS	\$	\$	UTILITIES (GAS, HYDRO, PHONE)	\$
BC BENEFITS (CIRCLE APPLICABLE) – IA, PPMB, PWD	\$	\$	TRANSPORTATION (BUS PASS OR EQUIVALENT ONLY)	\$
ALIMONY/CHILD SUPPORT	\$	\$	FOOD	\$
CHILD SUBSIDY/BC BENEFITS	\$	\$	CHILDCARE COSTS	\$
SELF-EMPLOYMENT INCOME	\$	\$	MEDICAL, DENTAL (SPECIFY)	\$
CHILD TAX BENEFITS	\$	\$	CHILD SUPPORT	\$
PENSION/RETIREMENT INCOME (CIRCLE APPLICABLE) – CPP, DISABILITY, ICBC, WCB	\$	\$	EXPENSES WHICH CANNOT BE REIMBURSED BY THE OPPORTUNITIES FUND	
GRANTS, HRSDC ALLOWANCES	\$	\$	PROPERTY TAXES	\$
ROOM, BOARD, SUITE RENTAL	\$	\$	CREDIT CARD PAYMENTS	\$
TRUST FUNDS, INVESTMENT INCOME	\$	\$	MISCELLANEOUS EXPENSES (CLOTHING, HAIRCUTS ETC.)	\$
SUBTOTAL	\$	\$	LIFE/HOME INSURANCE	\$
TOTAL MONTHLY INCOME (A+B)	\$		TOTAL EXPENSES (ONLY INCLUDE EXPENSES COVERED BY THE OPPORTUNITIES FUND)	\$
SOURCE OF YOUR FINANCIAL CONTRIBUTION			TRAINING COSTS	
SCHOOL SCHOLARSHIPS/ BURSARIES/GRANTS		\$	TUITION	\$
SAVINGS		\$	REGISTRATION/STUDENT FEES	\$
INVESTMENT INCOME		\$	BOOKS/SUPPLIES	\$
RRSP		\$	EXAM FEES	\$
PARENTS/RELATIVES		\$	TOOLS/UNIFORMS/ EQUIPMENT	\$
OTHER (SPECIFY)		\$	OTHER (SPECIFY)	\$
TOTAL OF YOUR FINANCIAL CONTRIBUTION		\$	TOTAL PROGRAM COSTS	\$
TOTAL OF YOUR FINANCIAL CONTRIBUTION \$ _____			TOTAL TRAINING COSTS \$ _____	

I declare the above information is true. Penalties and or termination of sponsorship can result from knowingly providing false information

Name: _____ Signature: _____ Date: _____