

Worksheet One: Monthly Income and Expenses

This worksheet is to help you figure out how much money you have each month and how much all the things you will need to buy will cost.

■ Monthly Income

List all current, regular monthly income after taxes for yourself and your co-borrower or housemate from all the different sources listed below:

	Average monthly amount
Money from jobs (after-tax)	\$ _____
Supplemental Security Income (SSI)	\$ _____
Minnesota Supplemental Aid (MSA)	\$ _____
Social Security Disability Insurance (SSDI)	\$ _____
General assistance payments	\$ _____
Food stamps (the difference between what you pay and your certificate values)	\$ _____
Trust funds	\$ _____
Dividends or interest earnings from stocks, bank accounts, etc.	\$ _____
Money received regularly from family or friends	\$ _____
Other sources of income, cash or cash equivalents, such as Food Stamps, bus passes, etc. (please list):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Your total monthly income	\$ _____

■ Monthly Expenses

Estimate your monthly expenses for the housing situation you would like. Then you can see if your income is enough to pay for all the things you need and want. At the bottom of the page you can compare total monthly expenses with total monthly income. If expenses are more than income you may need to think how to reduce expenses (or how to increase income).

	Average monthly payment
Mortgage payment or rent for your home*	\$ _____
Property taxes/condominium or cooperative fees*	\$ _____
Home owner's or renter's insurance	\$ _____
Electricity payment*	\$ _____
Gas payment*	\$ _____

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Water, sewer, and garbage charges*	\$ _____
Repairs and maintenance on your home	\$ _____
Food	\$ _____
Clothing	\$ _____
Furniture, appliances, and household items	\$ _____
Telephone	\$ _____
Transportation	\$ _____
Recreation and leisure activities	\$ _____
Cable TV and video rentals	\$ _____
Health care and assistive devices	\$ _____
Debt payments	\$ _____
Other [please list]:	
<u>Repairs and replacement fund</u>	\$ _____
_____	\$ _____
Total monthly expenses	\$ _____
Total monthly income	\$ _____

* Estimates of these costs should be available from a landlord of a rental property or from a realtor.

Worksheet Two: Your Available Cash and Assets

It often takes 10-20% of your annual rent or mortgage payments to move into a new place. List all your (and your co-borrower's or roommate's) sources of cash and any assets that you can use for the down payment and closing costs for purchasing a home, or for the security deposit and other deposits and fees for renting a home.

Checking account(s)	\$ _____
Savings account(s)	\$ _____
Mutual funds, stocks, and bonds	\$ _____
Cash value of life insurance policy	\$ _____
Cash gifts from family and/or friends	\$ _____
Special grants	\$ _____
Other assets [<i>please list</i>]	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total cash and assets	\$ _____

Worksheet Three: Housing Considerations

Part A: The following is a list of factors to consider in choosing the location and features of a home that's right for you. You can also use this worksheet to evaluate possible homes based on what's important to you.

	Important			Comments
	Yes	No	Unsure	
Location				
In the city or suburbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
In the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to job or day activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to favorite recreation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Close to other things:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
[<i>please list</i>] _____				
[<i>please list</i>] _____				
Safety in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical accessibility of the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Atmosphere/personality of the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part B: Check the housing features that are important to you.

	Important		Present		Comments
	Y	N	Y	N	
Type of Home					
Apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Single detached housing unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condominium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Multiple unit housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Doesn't matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rooms					
Private bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enough bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Den or family room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	Important		Present		Comments
	Y	N	Y	N	
Accessibility (see Worksheet 4)					
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extras					
Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Porch/balcony/deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washer/dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Yard/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety					
Deadbolt locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neighborhood watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attractiveness					
Indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Worksheet Four: Accessibility Features

These questions may be important if you, a housemate, or guests have mobility limitations.

	Present		Important		Comments
	Y	N	Y	N	
<i>Outdoors</i>					
Are walkways clear and wide enough to accommodate wheelchairs or walkers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there a ramp at a manageable angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are doors at least thirty-two inches wide (for wheelchair users)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are railings installed on both sides of the front steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the mailbox in a location that makes it easy to retrieve mail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Garage/Parking</i>					
Is the garage wide enough to accommodate a wheelchair exiting from a van, or will the person have to get out of the van outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the garage entrance high enough for a van?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there an automatic garage door opener?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are handicapped parking spots available and convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Indoors – General</i>					
Are switches and thermostats within forty-four inches of floor for easy access from a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are electrical outlets located twenty-seven inches from the floor to minimize bending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will carpeting allow easy navigation with a wheelchair or walker? Is it securely fastened to the floor (or are there hardwood floors so that carpets can be removed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do stairs have a sturdy hand grip on the rail and banister?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is carpeting on steps in good repair and tightly secured to the steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do doors have lever handles instead of round doorknobs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are doorways at least thirty-two inches wide (or can doors be mounted with swing-clear hinges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are windows easy to open? (Windows that tilt out make opening easy and help keep out rain.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Worksheet Six: Choosing a Service Provider

Finding the service provider agency that is right for you can be difficult (or easy, if you're lucky). The following questions may be helpful in your search.

- Does the service provider accept me as having a right to control my own life?

Y N

Comments:

- Is the service provider committed to spending time to help me and agency staff become better able to understand how I want to live?

Y N

Comments:

- Does the service provider respect my house as my castle (e.g., knocking before entering, asking permission to use my appliances, etc.)?

Y N

Comments:

- Are other people served by the agency happy with it in the areas that are most important to me?

Y N

Comments:

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- Does the agency recognize and respect me as the primary decision-maker about who should come into my home to provide support to me?

Y N

Comments:

- Will the people who provide services to me be well-trained, well-supported and well-treated by the agency?

Y N

Comments:

- Are there ways to insure that I will have the opportunity to guide and if I choose replace the staff who will be working with me?

Y N

Comments:

- Do the staff members that the agency nominates to work with me seem to have the initiative, knowledge, commitment, and creativity to meet my needs?

Y N

Comments:

Worksheet Seven: Summary Housing Checklist

This checklist summarizes all the other checklists. You can use this as a final checklist to make sure you have considered the major factors in choosing your home.

Address _____

Issue

- I have enough monthly income to afford living in this home (mortgage, rent, utilities, food transportation, etc.).

Y N

Comments:

- I can afford the expenses to be able to move into this home (closing costs, security deposit, utility deposits, moving expenses).

Y N

Comments:

- The home is in a neighborhood in which I want to live.

Y N

Comments:

- The home is clean and well-kept enough for me inside and outside.

Y N

Comments:

[Continued on next page]

- From this home, I can get the transportation that I must have.

Y N
Comments:

- I am close enough to family, friends, recreation, stores, transportation, etc.

Y N
Comments:

- The home's plumbing, heating, electrical system, and appliances are all in good condition.

Y N
Comments:

- My accessibility concerns are properly addressed.

Y N
Comments:

- I will be able to get the support (family, friends, service provider) that I need to live here.

Y N
Comments:
