

Monthly Expenses Worksheet

Use the information you gather on the Money Tracker Worksheet to estimate your monthly expenses. Do not include debt or items you purchase a few times each year. How much do you spend each month on the following items? Add any additional items that you regularly purchase.

HOUSING		ENTERTAINMENT	
Rent/Mortgage	\$	Going out	\$
Taxes (property)	\$	Activities	\$
Gas/electricity	\$	Powwows	\$
Water/Sewer/Garbage	\$	Vacation/Travel	\$
Telephone	\$	Books/Music, etc.	\$
Other	\$	Hobbies	\$
		Cable/Movies/ Movie rental	\$
		Other	\$
FOOD		FINANCE	
Groceries	\$	Check cashing	\$
Meals out	\$	Cashier's checks	\$
Other	\$	Bank fees	\$
		Taxes	\$
		Other	\$
AUTO		OTHER	
Car payment(s)	\$	Child care	\$
Gas	\$	Child support	\$
Maintenance/Repairs	\$	Charity/Tithe	\$
Parking	\$	Education	\$
Other	\$	Dues/Subscriptions	\$
		Pets	\$
		Allowances	\$
		Gifts	\$
		Cigarettes	\$
		Sporting events	\$
		Children's activities	\$
		Other	\$
HEALTH		SAVINGS	
Medical	\$	Savings account	\$
Dental	\$	Investments	\$
Optical	\$	IRA/Pension plan	\$
Other	\$	Other	\$
CLOTHING/PERSONAL			
Clothes for family	\$		
Shoes	\$		
Work gear	\$		
Laundry/Dry cleaning	\$		
Haircuts	\$		
Nails	\$		
Makeup/Cosmetics	\$		
Toiletries	\$		
Other	\$		
Estimated total monthly expenses		\$	_____

CHIPPEWA CREE HOUSING AUTHORITY

75 Laredo Road

Box Elder, Montana 59521

Phone (406) 395-4370/4748

Elderly/Handicap Housing Application

DATE _____

Time _____

(Please Print)

1. Name _____

2. Address _____ 3. How long? _____

4. Work Phone _____ Home Phone _____

5. Landlord's Name _____ 6. His Phone _____

7. Landlord's Address _____

8. Prior Landlord _____ 9. Phone _____

10. And Address _____

11. Have you been displaced? _____ How? _____

12. Reason for moving: _____ Substandard _____ Without or about to be without housing _____ Other _____

13. Employed by _____ 14. How long? _____

15. Position _____

16. **Household Composition**

Name of Household Members	Relationship to Head	Sex	Place of Birth	Date of Birth	Full Time Student	Disabled/ Handicapped	Social Security Number
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Applicant's continued interest in housing

6 months		12 months		18 months		24 months		30 months	
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CHIPPEWA CREE HOUSING AUTHORITY

75 Laredo Road

Box Elder, Montana 59521

Phone: (406) 395-4370/4748

Low Rent Housing Application

DATE _____

Time _____

(Please Print)

1. Name _____

2. Address _____ 3. How long? _____

4. Work Phone _____ Home Phone _____

5. Landlord's Name _____ 6. His Phone _____

7. Landlord's Address _____

8. Prior Landlord _____ 9. Phone _____

10. And Address _____

11. Have you been displaced? _____ How? _____

12. Reason for moving: _____ Substandard _____ Without or about to be without housing _____ Other _____

13. Employed by _____ 14. How long? _____

15. Position _____

16. **Household Composition**

Name of Household Members	Relationship to Head	Sex	Place of Birth	Date of Birth	Full Time Student	Disabled/ Handicapped	Social Security Number
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Applicant's continued interest in housing

6 months		12 months		18 months		24 months		30 months	
----------	--	-----------	--	-----------	--	-----------	--	-----------	--

17. Income

Name of Household Member	Wages, salaries, etc.	Social Security Pensions	AFDC	SSI	Foster Child Care	Other
1.	\$	\$	\$	\$	\$	\$
2.						
3.						
4.						
5.						
			TOTAL ANNUAL INCOME \$			

18. Net Family Assets

Type	Amount
	\$
	\$
	\$
	\$
Total	\$

19. Minority (circle)

White

Black

American Indian

Alaskan Native

Pacific Islander

20. Ethnicity (circle)

Hispanic

Nonhispanic

21. Anticipated amount to be spent for child care

\$ _____

22. Anticipated amount to be spent for medical expenses

\$ _____

23. Anticipated amount to be spent for handicapped expenses

\$ _____

24. References: Bank _____

Checking Account _____

Savings Account _____

Credit _____

Personal _____

25. When do you wish to move in? _____

26. I certify that the foregoing information is true and complete to the best of my knowledge, I authorize inquiries to be made to verify the statements above.

Head _____

Co-applicant _____

CHIPPEWA CREE HOUSING AUTHORITY

75 Laredo Road
 Box Elder, Montana 59521
 Phone (406) 395-4370/4748

Fair Market Housing Application

DATE _____

Time _____

(Please Print)

1. Name _____

2. Address _____ 3. How long? _____

4. Work Phone _____ Home Phone _____

5. Landlord's Name _____ 6. His Phone _____

7. Landlords's Address _____

8. Prior Landlord _____ 9. Phone _____

10. And Address _____

11. Have you been displaced? _____ How? _____

12. Reason for moving: _____ Substandard _____ Without or about to be without housing _____ Other _____

13. Employed by _____ 14. How long? _____

15. Position _____

16. **Household Composition**

Name of Household Members	Relationship to Head	Sex	Place of Birth	Date of Birth	Full Time Student	Disabled/ Handicapped	Social Security Number
1.	HEAD						
2.							
3.							
4.							
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6.							
7.							
8.							
9.							

Applicant's continued interest in housing

6 months		12 months		18 months		24 months		30 months	
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17. Income

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1.	\$	\$	\$	\$	\$	\$
2.						
3.						
4.						
5.						
			TOTAL ANNUAL INCOME \$			

18. Net Family Assets

Type	Amount
	\$
	\$
	\$
	\$
	\$
Total	\$

19. Minority (circle)

White Black American Indian Alaskan Native Pacific Islander

20. Ethnicity (circle) Hispanic Nonhispanic

21. Anticipated amount to be spent for child care \$ _____

22. Anticipated amount to be spent for medical expenses \$ _____

23. Anticipated amount to be spent for handicapped expenses \$ _____

24. References: Bank _____

Checking Account _____ Savings Account _____

Credit _____

Personal _____

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Head

Co-applicant