

TCHSC INCOME ELIGIBILITY CALCULATION/ HOUSING PLAN

Treasure Coast Homeless Services Council 2525 St. Lucie Avenue Vero Beach, FL 32960 772-567-7790

Household Member Name	Age of Household Member	Source of Monthly Household Income	Gross Documented Income amount	Frequency of income <small>(Weekly, bi-weekly, etc.)</small>	Annual Gross income <small>(amount X's # of payments per year)</small>
Total Household Members (Household Size)			Annual Gross	Monthly Gross	
Check 50% of Area Median Income for Household Size					
Help Calculate ONE month only of Weekly paychecks to enter above in Gross Documented Income					
Paycheck 1		Paycheck 3		Total of Average:	
Paycheck 2		Paycheck 4			

EXPENSES

Rent/ Mortgage		Life Insurance	
Electric		Furniture	
Water		Cable	
Phone		Childcare	
Garbage		Personal	
Food		Loans	
Medical		Laundry	
Car Payment		Credit Card	
Car Insurance		Credit Card	
Gas (auto)		Other	
TOTAL EXPENSES:			

HOUSING PLAN GOALS

WHO'S RESPONSIBLE

DATE COMPLETED

# 1:		
# 2:		
# 3:		
# 4:		
# 5:		

My signature below indicates that I am in agreement with this housing plan:

Client _____ Date: _____

Case Manager _____ Date: _____