

**Shared Living Program**  
**Monthly Personal Needs Funds Analysis**

Individual's Name:

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For The Month - January

Beginning Cash balance (same as last month's ending cash balance)

- SSI
- Other Government Benefits
- Employment
- Other

Total Income Available:

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Expenses this Month:

- Room and Board:
- Personal Needs:
- Other:
- Itemized:

Total Expenses:

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End of Month Cash Balance:

I hereby certify that the amounts herein are accurate, that all monthly income and expenses of the individual named above are reported in this analysis, and that all expenses reported for the individual are directly beneficial to him/her. Further, I certify that there is documentation available for all income and expense items over \$25.00 and that this data is available for verification.

[Electronic] Signature of Home Provider

Date: