

THIS WILL BE EXPLAINED TO YOU AT THE ORIENTATION

Required Documents

(You need to bring all of these documents with you when you come in for your initial interview)

Initial Interview with Career Counselor

- _____ **JobPath Monthly Budget Sheet filled out in pencil**
- _____ **Bills for one month (including rent/mortgage, utilities, credit cards, loan payment, cell phones, auto insurance, Etc.)**
- _____ **Pay stubs for household for two months**
- _____ **Documentation of income from sources other than work (Child support, SSI, Disability, Unemployment. pensions)**
- _____ **Social Security Card**
- _____ **Drivers License or Picture I.D.**
- _____ **Pima College ID**
- _____ **H.S. Diploma or G.E.D.**
- _____ **Last year's Federal and State tax return forms**
- _____ **Most recent Bank Statement-checking/savings (1 month)**

If already in a school program or if you have attended college

- _____ **Financial Aid information**
- _____ **Grades and/or Progress Report or transcripts**
- _____ **Unofficial transcripts of previous college course work**



DOCUMENTATION REQUIREMENT SHEET

JobPath
655 N. Alvernon Way, Suite 205
Tucson, Arizona 85711
Phone: 520.324.0402 Fax: 520.324.0195
Visit us at: www.JobPath.net

DETERMINATION OF NEED WORKSHEET INSTRUCTIONS

The following are brief explanations of some terminology you will encounter when filling out the Determination of Need Worksheet. Accurate and complete responses to all items are essential.

INCOME

Include income from all adult household members living at home regardless of relationship, i.e. spouse, children, etc.

- WAGES:** Gross wages and net wages from candidate and spouse (if applicable).
- CHILD SUPPORT:** The amount actually received, not the amount awarded by the court if the full amount is not being received.
- PELL, GRANTS, ETC.:** The monthly amount received from ANY TYPE of financial aid. Divide the total grant award for the semester by the number of months the award covers to get the monthly amount.

EXPENSES

- MORTGAGE OR RENT:** The amount of mortgage or rent paid. If receiving housing assistance, include the total amount received plus your portion of the rent. If sharing this expense, list your part only. Homeowner's association fees, Renter's insurance.
- UTILITIES:** The amount paid for electricity, gas, water, and basic telephone monthly. If receiving utilities assistance, include both the amount received and the amount you pay.
- ESTIMATED FOOD BILL:** Include the cost of meals eaten out and the amounts paid for food. If receiving Food Stamps, include this total plus any additional money spent monthly on grocery items.
- TRANSPORTATION:** Car payment, gas/oil/car repair, and insurance payments made monthly. If you (family) own more than one car, include the total of all car related costs.
- CHILD CARE/
SCHOOL TUITION:** The monthly amount paid for childcare. Include payments made by someone else on your behalf, e.g. DES, etc. Private School Tuition is the total amount paid monthly on child (ren)'s school tuition.
- LOANS/CREDIT CARD
PAYMENTS:** The total amount paid monthly on credit cards or for loans (student or personal).
- CELLULAR PHONES:** The total amount paid monthly on cell phone services.
- CABLE OR SATELLITE TV:** The total amount paid monthly for cable TV or satellite services.
- ESTIMATED
MISCELLANEOUS EXPENSES:** The total amount paid monthly for **PETS**, cigarettes, alcoholic beverages, personal care items (shampoo, soap, toothpaste, diapers, etc.), perfume/aftershave, lipstick, jewelry, vacations, diapers, baby formula, other baby essentials etc.

ASSISTANCE:

- HOUSING ASSISTANCE:** The total housing assistance received each month, regardless of source, e.g. parents, friends.

MONTHLY REVIEW

Name: _____ No in Household: _____ Date: _____

MONTHLY UTILITIES

1. Electricity	\$ _____	Comment: _____
2. Gas	\$ _____	_____
3. Telephone	\$ _____	_____
4. Water/Sewer	\$ _____	_____
5. Cable/Satellite TV	\$ _____	_____
6. Cell Phone	\$ _____	_____
7. Intranet	\$ _____	_____
8. Garbage Service	\$ _____	_____
7. Other	\$ _____	_____
Total Utilities	\$ _____	

OTHER MONTHLY EXPENSES

		Comments:
1. Food Bill (Estimated)	\$ _____	(Eating out and groceries)
2. Car Payment	\$ _____	_____
3. Gas/Oil/Car Repair (EST)	\$ _____	_____
4. Car Insurance	\$ _____	_____
5. Child Care/School Tuition	\$ _____	_____
6. Child Support Payment	\$ _____	_____
7. Life Insurance	\$ _____	_____
8. Medical Insurance	\$ _____	(IF NOT TAKEN OUT OF PAYCHECK)
9. Medical/Dental Bills	\$ _____	_____
10. Loan Payment	\$ _____	(Student loans, personal loans or payday loans)
11. Credit Cards	\$ _____	_____
12. Clothing/Shoes (Estimated)	\$ _____	_____
13. Misc. Expenses (Estimated)	\$ _____	(includes: PETS , personal & hygiene items, cigarettes, and recreation, diapers, baby formula or other baby essentials)
14. Prescriptions/Med Exp.	\$ _____	(Co-Pays)
15. Other	\$ _____	_____
Total Other Expenses	\$ _____	

SUMMARY

Income	\$ _____
Financial Aid	\$ _____
Total Income	\$ _____

SUMMARY

Assistance Income	\$ _____
Total Assistance	\$ _____

Lodging	\$ _____
Utilities	\$ _____
Other Expenses	\$ _____
Total Expenses	\$ _____

I certify the information I have provided on this form is true and correct to the best of my knowledge. If any of the information changes, I will notify my career counselor immediately.

Signature _____

Date _____

I certify all the information recorded here is a true and accurate reflection of the information provided by the participant.

Career Counselor _____

Date _____