

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES
NON-CUSTODIAL PARENT EMPLOYMENT PROGRAM (NCPEP)
FINANCIAL ANALYSIS

Client Name: _____ SSN#: ***-**-_____
 Number of Adults in Family: _____ Number of Children in Family: _____
 Net Monthly Income: \$ _____ Total Monthly Expenses: \$ _____

Source	Current (During Service)	Projected (After Services)	Item	Current (During Service)	Projected (After Services)
TANF			House Payment		
SSI/SSDI			Electric Bill		
Food Stamps			Gas Bill		
Alimony			Water Bill		
Child Support			Sewage Bill		
Unemployment			Phone Bill		
Take-home pay			Cable TV Bill		
Family Help			Grocery Bill		
Savings			Food Eaten Out		
Other			Medicine/Drugs		
Total Net Income	1-\$ _____	3-\$ _____	Laundry/Dry Clean		
<p><u>Financial Analysis Summary</u></p> <p>Total Current Net Income: 1-\$ _____ Less total Current Expenses: 2-\$ _____ Equal (-Neg/+Pos) Reminder: \$ _____ Total Projected Net Income: 3-\$ _____ Less total Current Expenses: 4-\$ _____ Equal (-Neg/+Pos) Reminder: \$ _____</p> <p><u>Net Income Needed to Become Self-Sufficient</u></p> <p>1. Divide total projected expenses by 173 hours to determine net hourly wage needed: _____</p> <p>2. Multiply net hourly wage by 1.17 to determine gross hourly wage needed: _____</p> <p>Is the Client earning enough now to cover Total Current Expenses? _____</p> <p>Will the services being considered lead to job paying the above hourly wage within two years? _____</p> <p>If the answer is "No"- Note action to be taken: _____ _____ _____</p>			Toiletries		
			Cleaning Products		
			Insurance- Life		
			Insurance- Home		
			Insurance- Health		
			Insurance- Auto		
			Public Transportation		
			Auto- Gas		
			Auto- Maintenance		
			Clothing		
			Entertainment		
			Vacation Fund		
			Donations		
			Child Support		
			Savings		
			Credit Card Payment		
			Car Payments		
			Loan Payments		
			Medical Bills		
			Dental Bills		
			Other		
			Other		
			Other		
			Total Expenses	2-\$ _____	4-\$ _____
			Staff Signature: _____	Date: _____	