

PERSONAL BUDGET PLAN

INCOME (including amount and method of payment):

Monthly Disability Pension (e.g. ODSP) _____

Bi-Weekly Workshop Payments _____

Gains Supplement _____

HST/GST Rebate _____

Income Tax Returns _____

Employment Earnings _____

Other Income (trust, subsidies) _____

Total Income: _____

EXPENSES (including amounts and frequency):

Rent / Residential Fees _____

Transportation _____

Food _____

Clothing _____

Personal Spending
(e.g., cigarettes, personal allowance,
recreational activities) _____

Personal savings
(e.g., vacation, larger purchases) _____

Personal care
(e.g., hair cuts, personal hygiene products) _____

Other _____

Total regular expenses: _____

Date updated: _____