

HOPE HOUSE BUDGET SHEET

FORM 2516E-17

(This form must be turned into RO staff by 10:00p.m. on Sunday evenings)

Resident Name: _____
Date: _____

Offender Number: _____
Case Manager: _____
Savings Goal: \$ _____

Expenses:	Total Owed	Minimum Payment
Restitution: _____	\$ _____	\$ _____
Fines (County/Offense #):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Starting Balance: \$ _____

Fri/Sat/Sun Deposit(s): \$ _____

Available Balance: \$ _____

Total Expenses: \$ _____

Sub-Total: \$ _____

If no fine payments, please explain why _____

Personal Spending: \$ _____
(See Below)

Savings Balance: \$ _____

Supervision Fee (current):	\$ _____	\$ _____
Previous fee(s) owed:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Misc.: (bus pass; linen fee; loans; SOP fees; IDAP fees):

Bus Pass:	\$ _____	\$ _____
Linen Fee:	\$ _____	\$ _____
Loan(s):	\$ _____	\$ _____
SOP Fee(s):	\$ _____	\$ _____
IDAP Fee(s):	\$ _____	\$ _____
Rent (Friday rent balance + 5 days):	\$ _____	\$ _____
Old Rent:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Expenses: \$ _____

Resident Signature

Case Manager Signature

All Personal Spending Requests over \$70 must be explained and itemized below:
(If your request is approved, you must submit receipts for verification)

Item Description and Explanation:	Cost:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____