

## PROPOSED OPERATING BUDGET

**Section 1: Expenses:** Please complete this budget to demonstrate that you will have sufficient income to cover your personal expenses and the your projected monthly expenses incurred in operating your adult care home(s). Do not leave any space vacant; enter 0.00 or mark N/A.

|   |  |
|---|--|
| Building Rent or Mortgage Payment ( <i>attach proof</i> ) |  |
| Property Tax ( <i>attach property tax statement</i> )     |  |
| Insurance (property, liability)                           |  |
| Telephone/Internet/Television                             |  |
| Water/Sewer   |  |
| Electric  |  |
| Oil/Gas   |  |
| Garbage Service   |  |
| Laundry/Cleaning Supplies                                 |  |
| Home Repairs/Upkeep                                       |  |
| Food (minimum \$300.00 per each person in the home)       |  |
| Car Payment   |  |
| Car Insurance   |  |
| Student Loans   |  |
| Childcare or Dependent Care Expenses                      |  |
| Credit Card Bills   |  |
| Other Debts or Expenses (specify):                        |  |
| Other Debts or Expenses (specify):                        |  |
| Employee Expenses (Payroll, training, etc.)               |  |
| Employee Taxes  |  |
| Employee Benefits   |  |
| Business Costs (fees, dues, office supplies, etc.)        |  |
| Other Operating Costs (specify):                          |  |
| Other Operating Costs (specify):                          |  |
| <b>Total Monthly Projected Expenses:</b>                  |  |
| <b>Total Reserves Required (Monthly Expenses X 2)</b>     |  |

**Section 2. Income** Please indicate what you project as your income per month

|  | Medicaid | Private Pay | Total Income |
|--|----------|-------------|--------------|
| Resident #1                            |          |             |              |
| Resident #2                            |          |             |              |
| Resident #3                            |          |             |              |
| Resident #4                            |          |             |              |
| Resident #5                            |          |             |              |
| Applicant's Employment Income:         |          |             |              |
| Other Income (specify):                |          |             |              |
| Other Income (specify):                |          |             |              |
| <b>Total Monthly Projected Income:</b> |          |             |              |