

## PROPOSED OPERATING BUDGET

**Section 1: Expenses:** Demonstrate that your income will cover personal and business expenses. Do not leave any space vacant; enter 0.00 or mark N/A. **Check your math.**

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 \$350.00 per person)	
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** 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>			

\*Based on moderate-cost plan, [Official USDA Food Plans: Cost of Food at Home at Three Levels, U.S. Average, December 2023](#)