

MARK FOUR HUNDREDFOLD PHASE

- | | | | |
|----|--|-----|----|
| 1. | Does she handle money in a Scriptural way? | Yes | No |
| 2. | Does she demonstrate discipline with love toward children? | Yes | No |
| 3. | Has she opened a checking account and is able to balance a bank statement? | Yes | No |
| 4. | Has she prepared a “When You Are On Your Own” budget? | Yes | No |
| 5. | Has she set aside two month’s expenses in her savings account (if possible)? | Yes | No |
| 6. | Does she qualify for second step? | Yes | No |
| 7. | Has she found an affordable apartment? | Yes | No |
| 8. | Has she notified the office as soon as a rental is obtained and give the office a list of household needs immediately? | Yes | No |
| 9. | Has she located a local church near apartment? | Yes | No |

Signature of Manager in Charge

Date

HUNDREDFOLD INDEPENDENT LIVING EXPENSES

(To help resident begin planning for her own apartment)

ONE TIME EXPENSES:

- Apartment - first month's rent \$ _____
- Apartment - last month's rent _____
- Security/cleaning deposit _____
- Child care - registration _____
- Utilities - turn on & deposits _____
- Telephone - deposit & installation _____

FIRST MONTH'S EXPENSES:

- Food _____
- Apartment - save for next month's rent _____
- Child care _____
- Cleaning & paper supplies _____
- Formula, diapers, hygiene items, etc. _____
- Insurance (health, life, auto) _____
- Moving costs (truck, gasoline) _____
- Recreation _____
- School expenses - you or children _____
- Storage unit, if needed _____
- Telephone _____
- Transportation (bus, gas, oil, carpool) _____
- Utilities _____
- Debts _____

- Other _____

- Save for car repairs _____
- Save for medical bills _____
- Save for emergencies _____

TOTAL AMOUNT NEEDED TO MOVE

Don't be discouraged if it seems like an impossible goal. Every march to victory begins with the first step. With God all things are possible! As you complete this form, say to yourself, "Today, I have taken my first step toward having my own home."

“ON YOUR OWN” BUDGET

INCOME:

Source _____ \$ _____
Source _____
Source _____

TOTAL OF YOUR MONTHLY INCOME \$ _____

EXPENSES:

Tithe to your church \$ _____
Rent _____
Food, Sundries, Household items _____
Utilities _____
Telephone _____
School expenses _____
Transportation costs (bus, gas, oil, carpool) _____
Child care _____
Groceries _____
Formula, diapers, hygiene items _____
Insurance (car, health, life) _____
Clothing _____
Recreation _____
Save for car repairs _____
Save for medical bills _____
Save for emergencies _____
Debts: _____
_____ _____
_____ _____
Other: _____
_____ _____
_____ _____

TOTAL OF ALL YOUR EXPENSES \$ _____

SUBTRACT YOUR EXPENSES FROM YOUR INCOME \$ _____

This budget is important because you need to know if you can make a new life for your family with your current income and expenses or if you need to make some changes. Allow your house manager to help you with this form.