
jumpstart

AHFC is dedicated to helping families succeed! As you participate in an AHFC housing assistance program and work toward housing stability and economic self-sufficiency, AHFC would like to support you through our Jumpstart program. This Jumpstart Tool Kit has been created to help you on your path to success; it is also the first step toward obtaining Jumpstart's financial incentives.

What to do with the Tool Kit

Work through each of the tools and bring them to your upcoming examination, or return the completed tool kit to your local AHFC Jumpstart representative. If you need assistance completing the Jumpstart Tool Kit, we have staff that would be happy to assist you. You may request a referral for assistance through your local AHFC representative.

Components of the Tool Kit

1. Tool 1 – Family Needs Assessment helps you examine your family's specific needs in the areas of Housing, Employment, Budgeting, and Self-Sufficiency.
2. Tool 2 – Family Goals helps you set some short and long-term goals for your family. Without goals, we lack focus and direction, and life can get out of control. Setting goals is an important process that helps sort wants from needs and sets priorities for the future. It also helps you break down a significant long-term need or want into smaller, manageable steps.

All families should set long-term goals to address where they will live when their housing assistance ends. A family's short-term goals may vary dramatically. Some families may be concentrating on how they will pay their rent next month, while others may be looking at how they will pay rent next year. Others may be setting a goal of saving for a down payment to purchase a home when they move off of housing assistance. Use this tool to set goals for your own family's circumstances.

3. Tool 3 – Family Budget is a key component to accomplish financial goals. Without a well-developed plan for how you will use the money comes into your home to meet your needs and wants, it is almost impossible to be economically successful. If you already have a budget you use, that's great! Turn it in. If not, this tool helps get you started with budgeting or helps you refine your existing budget.

Head of Household	
Program Year	Date

Tool 1: Family Needs Assessment

Evaluate where you are now and what you and your family will need when your rental assistance ends. Check those items that apply to you and your household. Think about what needs to happen for you to be able to pay your housing costs without assistance.

Housing

- When my rental assistance ends, I plan to ...

<input type="checkbox"/> Stay where I am now and pay the market rent	<input type="checkbox"/> Buy my own home
<input type="checkbox"/> Move to another rental unit	<input type="checkbox"/> Other _____
- I will pay for housing when my rental assistance ends by ...

<input type="checkbox"/> Working to increase my household income from work	<input type="checkbox"/> Considering a roommate to share costs
<input type="checkbox"/> Having other family members will contribute to income	<input type="checkbox"/> Moving to more affordable housing
<input type="checkbox"/> Keeping my other expenses low to allow more to be spent on housing	<input type="checkbox"/> Don't know

Employment

- What is your current employment status?

<input type="checkbox"/> Employed at least 30 hours/week	<input type="checkbox"/> Going to school full time
<input type="checkbox"/> Employed less than 30 hours/week	<input type="checkbox"/> Going to school part-time
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Looking for work
<input type="checkbox"/> Seasonally employed	<input type="checkbox"/> Currently choosing not to work
<input type="checkbox"/> Not employed	<input type="checkbox"/> Unable to work because _____
- The following would support my efforts to get a job or increase my earnings (check all that apply).

<input type="checkbox"/> Classes to improve specific job skills	<input type="checkbox"/> G.E.D.	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> English as a Second Language
<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Certificate Program	<input type="checkbox"/> College Degree	
<input type="checkbox"/> Work experience	<input type="checkbox"/> Work in the off season or gain year-round employment		
<input type="checkbox"/> Small Business Start-Up (advice? Course?)	<input type="checkbox"/> Reliable transportation		
<input checked="" type="checkbox"/> Child care	<input type="checkbox"/> Other _____		



Budgeting/Finances

- 1. The statement checked best describe how I use a budget.
 - I have a budget I follow carefully
 - I budget money to go into savings
 - I budget how I will use my PFDs each year
 - I have no budget; I do not track closely what I receive or spend
 - I generally know how much money I receive each month and how much I spend

- 2. The statement checked best describes how I pay bills.
 - I am able to pay all my bills on time
 - I sometimes struggle to get all my bills paid on time
 - I have a difficult time getting my bills paid

- 3. The statement checked best describes my highest monthly expense.
 - Rent is my highest monthly expense
 - Something other than rent is my highest monthly expense. Please explain. _____

- 4. The checked statements best describe my credit and banking circumstances.
 - I have a good credit history
 - I have debts or credit problems that need to be addressed
 - I have checked my credit report in the past year
 - I do not know if I have good or bad credit
 - I am making payments on my debts
 - I deal in cash only
 - I have a checking account
 - I have a savings account
 - I have a credit card
 - I have a loan
 - I have at least \$500 in an emergency fund
 - I have accounts with money set aside for a specific purpose (college fund; retirement)

Self Sufficiency

Economic self-sufficiency, to me, means ...

The following resources or support would help my family achieve economic self-sufficiency.



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Program Year	Date

Tool 2: Family Goals

Establish goals for you and your family by checking those items you wish to work toward over the next year. Review and revise your goals at least monthly to check your progress. When you complete a goal, place a line through it to acknowledge your accomplishment!

1. **Long-Term Goal:** When my housing assistance ends, I plan to meet my family's housing needs by ...

Renting

Purchasing a Home

Short-Term Goals for Renting

Develop/Maintain a good landlord reference

Enroll in Jumpstart Savings Match; save \$300 a year

Save additional \$_____ toward security deposit and first and last month's rent

Determine where I want to live

Complete and submit rental applications

Pay deposit

Pack and move

Other _____

Short-Term Goals for Purchasing a Home

Attend AHFC's Home Choice Course

Enroll in Jumpstart Savings Match; save \$300 a year

Save additional \$_____ toward down payment and closing costs

Obtain at least minimum credit score to allow for home purchase

Pre-qualify for loan

Select home, have offer accepted, and close on loan

Pack and move

Other _____

2. **Long-Term Goal:** When my housing assistance ends, I plan to pay for my family's housing needs by ...

Short-Term Goals: Family Income

I will increase my income from work through

A full-time job

An additional job

A year-round job

A better job

A promotion

A raise in pay

I will increase my income by supporting developing my own business. I will

Develop a business plan

Attend seminar on business development

Work with the Small Business Development Center

Other _____

Another adult will work to increase our family's income (name) _____



A family member or I will utilize Jumpstart's work incentives

I will have a roommate to share costs

I will obtain or enhance my job skills by

- Obtaining my G.E.D. or high school diploma
- Completing a vocational training program
- Taking classes to enhance computer skills
- Other classes _____

- Taking an English as a Second Language program
- Completing a certificate program
- Completing a college degree
- Other _____

I will get assistance from Job Service to

- Search for a job
- Develop/improve a resume
- Write a cover letter
- Increase computer skills

- Complete Career Ready 101
- Attend interview workshops
- Practice mock interviews
- Other _____

I will obtain work experience through

- A training or internship program
- Job shadowing
- Working with a mentor

- Volunteering
- Other _____

A family member or I will utilize Jumpstart's Tuition Assistance and/or Educational Rewards

I will add to our family income through non-work resources

- Government Benefits
- Other _____

Child Support

I will support my family's work activities by taking care of our child care and transportation needs

Short-Term Goals for Child Care

- I will apply for child care assistance
- I will seek quality referrals through THREAD
- Other _____

Short-Term Goals for Transportation

- I will obtain monthly bus passes
- I will pursue carpooling with a co-worker
- I will save \$_____ toward the purchase of a car
- Other _____

Short-Term Goals: Family Finances

- I will complete AHFC's Financial Literacy Requirement (Step Program families only)
- I will maximize my spending power by
 - Developing and following a budget
 - Saving \$_____ toward an emergency fund
 - Other _____
 - Planning how to spend our PFDs
 - Pay off/down the following debts
- I will address my personal credit issues by
 - Speaking with a financial counselor to help me consolidate or eliminate my debt
 - Speaking with collection agencies to develop a plan for addressing my debt
 - Completing a self-analysis of my debts and developing a plan to reduce them
 - Other _____
 - Utilizing a free credit report service to check my credit history
 - Maintaining my good credit history
 - Paying my bills on time to avoid late charges
- I will enroll in Jumpstart's Savings Match and place \$300 a year into a savings account
- I will open a bank account(s)
 - Checking
 - Savings
 - Other _____
 - College fund
 - Retirement
- I will examine my spending habits for ways I can reduce my monthly spending. I will
 - Find lower cost cell phone, internet, and/or cable contracts
 - Reduce impulse purchases
 - Other _____
 - Limit borrowing to no more than 20 percent of my annual net income
 - Stop an expensive habit
- Other _____

Head of Household Signature	Date
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Head of Household	
Program Year	Date

Tool 3: Family Budget

A family budget is simply a plan for how you spend the money that comes into your household to meet your family's needs and wants. Use this tool to create your family's budget.

Step 1 - Estimate Family Income

In order to work with your income and expenses to create an actual budget, you need to think of the income you receive on a monthly basis. For this tool, you need to record the amount of money you actually take home. Check the box by each type of income your family receives. Next to each type, enter the amount you take home each month.

Example: In my job, I may make \$500 per week, but I only take home \$380 per week after taxes and withholdings; \$380 is my weekly take home pay. To estimate my monthly take home pay, I multiply \$380 times 4.3 (the average number of weeks in a month). This equals \$1634 per month. I mark the income source and fill in the estimated monthly amount: Job 1 - \$1,634.

Regular Monthly Income

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
<input type="checkbox"/> Job 1	\$ _____	<input type="checkbox"/> APA/IA/GA	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Job 2	\$ _____	<input type="checkbox"/> SSA/SSDI/SSI	\$ _____	<input type="checkbox"/> Tribal Training/477	\$ _____
<input type="checkbox"/> Job 3	\$ _____	<input type="checkbox"/> Veteran's Benefits	\$ _____	<input type="checkbox"/> Grants/Scholarships	\$ _____
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Senior Assistance	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> TANF/ATAP	\$ _____	<input type="checkbox"/> Retiremt./Pension	\$ _____	<input type="checkbox"/> WIC	\$ _____
List any other income or assistance, not listed above, that you receive on a monthly or more frequent basis					
<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

Income Received Less Frequently

You may receive income from sources like the Permanent Fund Dividend (PFD) or Native Corporation Distributions that you rely on, but may not be able to include now in your monthly budget as the money is already spent, or you really don't know how much you will actually receive. You are encouraged to account for this income in your budget. Some families include it in their monthly spending plan, others plan to spend this money to pay down bills or get ahead. Identify this type of income and how much you think you will receive this year.

Income Source	Annual Amount	Income Source	Annual Amount	Income Source	Annual Amount
<input type="checkbox"/> PFDs	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Dividends	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____



Step 2 - Estimate Family Expenses

Check the box by each expense you pay for your family. Next to each expense write in an estimate of the amount you pay each month. For expenses that are not paid monthly, fill in what would equal the average monthly amount. If you do not know how much you actually spend each month, you may want to begin with a guess, and then over a period of time, write down everything you spend to get a better monthly estimate.

Expense	Monthly Amount	Expense	Monthly Amount	Expense	Monthly Amount
Housing and Utilities		Transportation		Debts	
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Car Payment	\$ _____	<input type="checkbox"/> Credit Card	\$ _____
<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Car Insurance	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Gas/Heating Oil	\$ _____	<input type="checkbox"/> Gas & Supplies	\$ _____	<input type="checkbox"/> Student Loan	\$ _____
<input type="checkbox"/> Trash	\$ _____	<input type="checkbox"/> Car Repairs	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Water/Sewer	\$ _____	<input type="checkbox"/> Car Registration	\$ _____	<input type="checkbox"/> Medical Bills	\$ _____
<input type="checkbox"/> Basic Phone	\$ _____	<input type="checkbox"/> Parking	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Rent Insurance	\$ _____	<input type="checkbox"/> Bus Pass	\$ _____	<input type="checkbox"/> Personal Loans	\$ _____
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Other	\$ _____		Minimum Monthly Payment \$ _____
				<input type="checkbox"/> Other	\$ _____
					Minimum Monthly Payment \$ _____
Food, Household, & Grooming		Family		Savings	
<input type="checkbox"/> Groceries	\$ _____	<input type="checkbox"/> Child Care	\$ _____	<input type="checkbox"/> Emergency Fund	\$ _____
<input type="checkbox"/> Cleaning	\$ _____	<input type="checkbox"/> Child Support	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Personal Hygiene	\$ _____	<input type="checkbox"/> School Activities	\$ _____	<input type="checkbox"/> College Fund	\$ _____
<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Pet Care	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Laundry	\$ _____	<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Down Payment	\$ _____
<input type="checkbox"/> Pet Food	\$ _____				Minimum Monthly Payment \$ _____
<input type="checkbox"/> Furniture	\$ _____	Optional		<input type="checkbox"/> Jumpstart Savings	\$ _____
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Cable TV	\$ _____		Minimum Monthly Payment \$ _____
		<input type="checkbox"/> Internet/Data	\$ _____	<input type="checkbox"/> Retirement	\$ _____
		<input type="checkbox"/> Movies/Concerts	\$ _____		Minimum Monthly Payment \$ _____
Health and Wellness		<input type="checkbox"/> Dining Out	\$ _____		Minimum Monthly Payment \$ _____
<input type="checkbox"/> Medical	\$ _____	<input type="checkbox"/> Vacations	\$ _____	Expense Not Listed	
<input type="checkbox"/> Dental	\$ _____	<input type="checkbox"/> Special Occasions	\$ _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Vision	\$ _____	<input type="checkbox"/> Habits	\$ _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Medication	\$ _____	<input type="checkbox"/> Other	\$ _____		
<input type="checkbox"/> Health Insurance	\$ _____	<input type="checkbox"/> Other	\$ _____		
<input type="checkbox"/> Other	\$ _____				

