



worksheets

“*Many* PEOPLE FAIL IN LIFE,  
NOT FOR LACK OF *ability*  
OR BRAINS OR EVEN COURAGE,  
BUT *simply* BECAUSE THEY  
HAVE NEVER ORGANIZED  
THEIR *energies* AROUND  
A GOAL.”

-*Elbert Hubbard*

# WORKSHEET #1

## EDUCATIONAL PLAN

What is your long term educational goal?

### S.M.A.R.T Goal Setting

Specific (S) - Is it well defined and clear to anyone reading it?  
Measurable (M) - Can you measure your progress?  
Attainable(A) - Is it actually achievable with your resources?  
Relevant (R) - Does it get you closer to you long-term goal?  
Timely (T) - Is there enough time to achieve it, but not too much time which can affect progress?

Write out at least two SMART goals related to your education planning.

- \_\_\_\_\_
- \_\_\_\_\_

What steps do you need to take to achieve your goals?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What skills do you have?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What skills do you want to learn?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What are the appropriate time frames for tasks to be completed?

TASK	TIME FRAME
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____

What resources will you use?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Who is on your education support team?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

# WORKSHEET #2

## EMPLOYMENT INFORMATION

The following are items you should know or questions that you should be prepared to answer as they may appear on an employment application.

- Social Security Number
- Current address and contact information
- The position you are applying for
- Date you can start and salary desired
- Are you currently employed?
- May the hiring company speak with your present employer?
- Are you legally authorized to work in the US?
- Have you ever applied to this company before?

### Education History

#### High School

School Name \_\_\_\_\_ Location: \_\_\_\_\_  
 Years Attended \_\_\_\_\_ Graduate?  Yes  No Subjects Studied: \_\_\_\_\_

#### College

School Name \_\_\_\_\_ Location: \_\_\_\_\_  
 Years Attended \_\_\_\_\_ Graduate?  Yes  No Subjects Studied: \_\_\_\_\_

#### Trade, Business or Correspondence School

School Name \_\_\_\_\_ Location: \_\_\_\_\_  
 Years Attended \_\_\_\_\_ Graduate?  Yes  No Subjects Studied: \_\_\_\_\_

### General Information

Subjects of Special Study/Research \_\_\_\_\_  
 Special Training \_\_\_\_\_  
 Special Skills \_\_\_\_\_  
 US Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

*continued...*

### Former Employers

List your last four employers (if applicable) starting with the last one first.

Dates (month & year): From \_\_\_\_\_ To \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Position/Title \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates (month & year): From \_\_\_\_\_ To \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Position/Title \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates (month & year): From \_\_\_\_\_ To \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Position/Title \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates (month & year): From \_\_\_\_\_ To \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Position/Title \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### References

Give the names of three persons not related to you, whom you have known at least one year.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

# WORKSHEET #3

## W-4 PRACTICE FORM

Please note this form changes each year. You can visit [irs.gov](http://irs.gov) and search "W-4" to view the current form and have the ability to fill it out electronically.

### Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

#### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<p><b>Form W-4</b> Department of the Treasury Internal Revenue Service</p>	<p><b>Employee's Withholding Allowance Certificate</b></p> <p>► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	<p>OMB No. 1545-0074 <b>2017</b></p>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption.		
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>		
If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2017)

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

**1** Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_

**2** Enter: { \$12,700 if married filing jointly or qualifying widow(er) } . . . . . **2** \$ \_\_\_\_\_  
 { \$9,350 if head of household } . . . . .  
 { \$6,350 if single or married filing separately } . . . . .

**3 Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . **4** \$ \_\_\_\_\_

**5 Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7 Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . **7** \$ \_\_\_\_\_

**8 Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_

**10 Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . **2** \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_

**6 Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_

**8 Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# WORKSHEET #4

## CAREER PLAN

What is your long term career goal?

### S.M.A.R.T Goal Setting

Specific (S) - Is it well defined and clear to anyone reading it?  
Measurable (M) - Can you measure your progress?  
Attainable(A) - Is it actually achievable with your resources?  
Relevant (R) - Does it get you closer to you long-term goal?  
Timely (T) - Is there enough time to achieve it, but not too much time which can affect progress?

Write out at least two SMART goals related to your career planning.

- \_\_\_\_\_
- \_\_\_\_\_

What are your personal/professional career goals?

#### 1 Month Goals

- \_\_\_\_\_
- \_\_\_\_\_

#### 6 Month Goals

- \_\_\_\_\_
- \_\_\_\_\_

#### 1 Year Goals

- \_\_\_\_\_
- \_\_\_\_\_

#### 5 Year Goals

- \_\_\_\_\_
- \_\_\_\_\_

List at least five skills you have that you can include on your resume.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What skills do you want to learn?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What are the appropriate time frames for tasks to be completed?

TASK

TIME FRAME

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What resources will you use?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Who is on your career support team?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# WORKSHEET #5

## PROSPECTIVE JOB TASK SHEET

### Job #1

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

### Job #2

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

### Job #3

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

### Job #4

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

Job #5

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

Job #6

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

Job #7

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

Job #8

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager: \_\_\_\_\_

- Get application
- Turn in application/  
cover letter/resume - Date: \_\_\_\_\_
- Called back/stopped by - Date: \_\_\_\_\_
- Interview - Date: \_\_\_\_\_
- Thank you letter (*within 24 hours*)
- Call back - Date: \_\_\_\_\_

Notes:

# WORKSHEET #6

## PARTS OF A CHECK

**1** Jane Smith  
 123 Main St.  
 Anywhere, CA 10111

**2** 1-678/1234

**3** 790

**4** Date 8/22/2015

**5** Pay to the Order of John Doe

**6** \$ 125.70

**7** One hundred twenty five and 70/100 DOLLARS

Your Bank  
 456 Main St.  
 Anywhere, CA 10111

**8**

Memo **9** September's Rent

**10** Jane Smith

**11** ⑆ 123456789 ⑆

**12** ⑆001001234⑆ 0790 **3**

- 1. Personal Information** – about you, the account owner
- 2. Your Bank's Fractional Number**
- 3. Check Number** – note this appears in two places
- 4. Date Line** – the date you are writing the check
- 5. Payee Line** – who the check is made out to
- 6. The Dollar Box** – the amount of the check in numerical format
- 7. The Amount of the Check** – using words for the dollars and a fraction for the cents
- 8. Your Bank's Contact Information** – and/or logo
- 9. Memo Line** – for an unofficial note
- 10. Signature Line** – your signature goes here
- 11. Your Bank's ABA Routing Number**
- 12. Your Bank Account Number**

Here is a sample check for you to practice on:

Jane Smith  
 123 Main St.  
 Anywhere, CA 10111

1-678/1234

790

Date \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Your Bank  
 456 Main St.  
 Anywhere, CA 10111

Memo \_\_\_\_\_

⑆ 123456789 ⑆

⑆001001234⑆ 0790



# WORKSHEET #7

## MAKING A BUDGET

### MONTHLY EXPENSES

DUE		SOURCE OF EXPENSE	ESTIMATED \$ (I plan to spend)	ACTUAL \$ (I actually spent)
	Housing	Rent	\$	\$
		Utilities (Gas, Electric)	\$	\$
		Cell Phone	\$	\$
		Cable/Internet (Netflix, Hulu)	\$	\$
	Transportation	Auto Payment (Car/Bus Pass)	\$	\$
		Interest Rate:      Balance \$		
		Insurance	\$	\$
		Gas	\$	\$
		Oil/Maintenance	\$	\$
	Personal Living	Groceries (purchased w/food stamps)	\$	\$
		Groceries (purchased w/o food stamps)	\$	\$
		Eating Out (Snacks, Starbucks, etc.)	\$	\$
		Bath/Cleaning Supplies/Laundry	\$	\$
		Child Care	\$	\$
		Child Related Expenses	\$	\$
		Cigarettes	\$	\$
		Storage	\$	\$
		Other:	\$	\$
			\$	\$
	Fun	Hair/Nails/Makeup/Clothing	\$	\$
		Activities	\$	\$
	Debt	Car Accident/Fines/Probation Fines	\$	\$
		Interest Rate:      Balance \$		
		Credit Card:	\$	\$
		Interest Rate:      Balance \$		
	Misc.	Other:	\$	\$
		Interest Rate:      Balance \$		
	Misc.	School Tuition/Fees/School Supplies	\$	\$
		Emergency Fund/Long Term Savings	\$	\$
TOTAL MONTHLY EXPENSE			\$	\$

**MONTHLY INCOME**

RECEIVED	SOURCE OF INCOME	ESTIMATED \$ (I plan to earn)	ACTUAL \$ (I actually earned)
	Wages, Tips, Etc. (after taxes)	\$	\$
	Wages, Tips, Etc. (after taxes)	\$	\$
	Cash Aid	\$	\$
	Cal Fresh/Food Stamps	\$	\$
	Scholarships/Financial Aid	\$	\$
	Disability/Work. Comp./Unemployment	\$	\$
	Child Support	\$	\$
	Other:	\$	\$
<b>TOTAL MONTHLY INCOME</b>		\$	\$

<b>TOTAL INCOME</b>	\$
<b>- TOTAL EXPENSE</b>	\$
<b>NET BALANCE</b>	\$



# WORKSHEET #8

## PRACTICE RENTAL APPLICATION

### RENTAL APPLICATION

- Each adult (18 or older) must fill out a separate application
- There is a non-refundable fee of \$20/adult to apply

First	Middle	Last	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used In The Past			Home Phone		Cell Phone
All Other Proposed Occupants			Birth Date	Relationship To Applicant	

### RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager and Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
Dates of Residency	From/To	From/To	From/To

### EMPLOYMENT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
Dates of Employment	From/To	From/To	From/To

### CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card		
Auto Loan		

### VEHICLES (Include vehicles belonging to other proposed occupants also)

Make	Model	Color	Year	License Plate

REFERENCES & EMERGENCY CONTACTS

	Doctor	Lawyer	Nearest Relative Living Elsewhere
Name			
Street Address			
City			
State & Zip			
Phone Number			

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

GENERAL INFORMATION

Have you ever been served a late rent notice?	Do any of the people who would be living in the apartment smoke?	How long do you think you would be renting from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been served an eviction notice? If so, when?	How many pets do you have (list Type, Breed, approx Weight & Age)?	
Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
List any verifiable sources and amounts of income you wish to have considered (optional):		
If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address, & phone # so that we can use them as a reference for you.		
Have you been a party to a lawsuit in the past? If yes, please explain why:		
We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address we can reach you at?	
Do you know of anybody else looking for an apartment? Please provide their name and number. If you refer a friend and you each end up renting separate apartments from us then we will pay you a referral reward.		

**Agreement & Authorization Signature**

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **non-refundable** fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# WORKSHEET #9

## READING A RENTAL AGREEMENT

Use this worksheet to write down the rules about your lease, and review it with a support person (*if applicable*). It is important that you understand your lease, because if you break any of the rules, you could be charged extra fees or even evicted.

Paying for Your Residence	
How much rent do you pay for rent each month?	
When is your rent due each month?	
Where do you send your payment?	
How much is the damage/ security deposit?	
If the rent is late, is there a late fee? How much is the late fee?	
When does the landlord start charging a late fee?	
If your check bounces, does that mean it's a late payment? And is there a fee?	
When does the landlord start eviction if the rent is not paid?	
What utilities do you have to pay?	
What else do you have to pay? (e.g., extra charge for pets, garage, laundry, key deposit)	

Rules for Your Residence	
What are the rules about noise?	
What pets are allowed? <i>(kind of pet, how many, size of pets)</i>	
Are there rules about how to do your house cleaning? Do you have to do any yard work?	
What happens if something breaks or someone damages your apartment? What should you do?	
Can the landlord come into your apartment anytime they want to?	
What are the rules about someone living with you? How long can someone visit (if they aren't living with you)?	
What happens if there is a police call to your apartment or someone in your family is arrested?	
What happens if someone in your apartment uses illegal drugs?	
How long is your lease? What happens if you want to move before your lease is up?	
What happens when your lease expires?	
If you want to move out, how soon do you have to tell your landlord?	
What do you have to do to get your damage deposit back?	

# WORKSHEET #10

## HOUSING PLAN

This housing plan worksheet is a tool that will help you decide what you are looking for in a new home. Follow the steps below to find a place that will meet your needs.

- Find up to 3 places that are available to compare and fill in the information for each.
- Then, on the back of this page, place a number from 1 to 15 next to each of the “Items to Consider” in order of importance with 1 being the most important/desirable item and 15 being the least important/desirable item.
- Next, transfer the items to the corresponding place on the chart below.
- For each place, go down the list and check off whether a place has or does not have the items you are looking for.

Place #1

Complex Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Baths \_\_\_\_\_

Place #2

Complex Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Baths \_\_\_\_\_

Place #3

Complex Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_  
Rent \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ # of Rooms \_\_\_\_\_ # of Baths \_\_\_\_\_

Items To Consider	
_____ In Good Condition	_____ Number of Rooms _____
_____ In Your Price Range	_____ Number of Baths _____
_____ In Safe Area	_____ Has Laundry
_____ Utilities Included	_____ Want Roommates -or- No Roommates -or- Shared Room (pick one)
_____ Close to Your Job	_____ Furnished -or- Unfurnished (pick one)
_____ Close to Transportation	_____ Other _____
_____ Close to School	_____ Other _____
_____ Close to Places You Like to Go	

**Ideas for “other” things to consider:** Front/back yard, allows pets, has amenities (pool, gym, etc.), has storage area, garage, etc.

Item	Place #1	Place #2	Place #3
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# WORKSHEET #11

## EMERGENCY NUMBERS

1

### In Case of Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2

Remember you can call 911.

3

### Other Emergency Numbers

Sheriff or Police: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Poison Control: \_\_\_\_\_

4

### Property Management/Landlord Emergency Number

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5

### When making emergency calls, remember the following:

- Indicate the nature of the call
- Be specific
- Indicate extent of crisis
- Be assertive

6

### Helpful Numbers

\_\_\_\_\_  
\_\_\_\_\_





# WORKSHEET #12

## EMERGENCY EVACUATION ROUTE

First Floor

A large grid of graph paper, consisting of 30 columns and 40 rows of small squares, intended for drawing an emergency evacuation route for the first floor.

**Second Floor (if applicable)**

