



Financial Model Users' Guide

Innovative Independent Living Project (“IILP”) Financial Model End User License Agreement

This agreement is made between Linking Employment Abilities and Potential, Cleveland, Ohio, USA ("LEAP") and you, the person who makes authorized use of the IILP Financial Model ("You").

You must agree to all terms in this agreement in order to make authorized use of the IILP Financial Model. If you don't agree to all terms in this agreement, you cannot use the IILP Financial Model, and you must delete all related files from your computer if you want to avoid liability for infringing LEAP's rights.

1. **OWNERSHIP:** All intellectual property rights in the IILP Financial Model are fully owned by LEAP. This license agreement doesn't transfer ownership of any of those rights to You.
2. **LICENSE:** LEAP grants You the license to use the IILP Financial Model, free of charge, if you accept all the conditions listed in this agreement. "Use" means loading the product to CPU, memory, and/or other storage on your computer and making calculations with the product for the purposes described in this agreement.
3. **CONDITIONS:** To be licensed to use the IILP Financial Model, You must:
 - a) Not modify any part of the IILP Financial Model;
 - b) Agree to release LEAP, its employees, agents, contractors and representatives from all liabilities caused directly or indirectly by using the IILP Financial Model; and
 - c) Acknowledge and agree that:

The IILP Financial Model is intended to be used only as a tool to assist you in estimating the financial resources that will be needed to support your family member's living expenses. The results produced by the model are only estimates, and are entirely dependent upon the amounts you input into the model's various worksheets. Actual expenses may differ materially. In addition, although the calculations produced by the model may be useful in discussions with your financial or other advisors, they are not in any way intended to replace the advice of those advisors.

4. **MODIFICATION:** You cannot modify the calculations in the IILP Financial Model under this agreement. Formulas within the IILP Financial Model have been locked to prevent modification. You can only make entries to the IILP Financial Model in those places where user input is anticipated.
5. **LIABILITY:** In the event the IILP Financial Model as downloaded by You is virus-infected, LEAP's liability is limited to replacement of only the virus-infected software.

**Innovative Independent Living Project
Financial Model Users' Guide**

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Innovative Independent Living Project Financial Model Users' Guide

The Innovative Independent Living Project (IILP) Financial Model is an iterative tool to help families contemplating creating an independent home for a family member with disabilities to estimate the financial resources that will be required to support their family member's cost of living in his or her own home. It is intended to present an estimate of the total cost of living, including costs for housing, medical expenses, education, transportation, etc. Multiple versions, or scenarios, of the model can be run to evaluate the financial effect of different assumptions/living arrangements.

This Financial Model is intended to be used only as a tool to assist you in estimating the financial resources that will be needed to support your family member's living expenses. The results produced by the model are only estimates, and are entirely dependent upon the amounts you input into the model's various worksheets. Actual expenses may differ materially. In addition, although the calculations produced by the model may be useful in discussions with your financial or other advisors, they are not in any way intended to replace the advice of those advisors.

Part I – Using the Model

Installation & Removal

1. To install the IILP Financial Model from a CD:
 - A. Insert the IILP Financial Model CD into the CD drive on your computer
 - B. A dialog box will open showing a "List of Files Currently on CD."
Double Click on the "IILP Financial Model" icon.
2. To install the IILP Financial Model from the internet:
 - A. Go to LEAP's web site: <http://www.leapinfo.org/Home.asp>.
 - B. Click on the link "Living with Technology" on the home page
 - C. Under Appendix I, click on the button for "Financial Model: Excel Workbook."
3. The license agreement will appear in a dialog box. Scroll down to read the license agreement by clicking on the down arrow on the right side of the dialog box. Read the license agreement carefully. If you agree with all of the terms of the license agreement, click "I Agree" and click "Next."
4. Read the Welcome screen, and then click "Next."
5. The next screen will ask you to confirm the installation by clicking "Next." The installation will begin and may take a few minutes.
6. When you receive the message "Installation Complete," click "Close."
7. Close the "Files Currently on CD" dialog box by clicking on the "x" in the upper right corner.

The install program places a copy of the IILP Financial Model and Users' Guide in a new folder called "IILP" in your "My Documents" folder; it also creates two shortcuts on your desktop. To begin using the model, double-click the shortcut labeled "IILP Financial

Model” on your Desktop. To open the Users’ Guide, double-click the shortcut labeled “IILP Users Guide” on your Desktop.

To remove the IILP Financial Model from your system:

1. On your desktop, click “Start.”
2. Click on “Control Panel.”
3. Click “Add or Remove Programs.”
4. Click on “IILP Financial Model,” and then on “Remove.”
5. Click “Yes.”

The uninstall will remove the shortcut from your desktop, as well as the original version of the model that was saved in “My Documents.” Any additional scenarios you created and saved under a different name (see General Instructions, below) will remain on your computer.

General Instructions for Using the Model

The “General Inputs” worksheet (see discussion on page 6, below) must be completed first. That worksheet contains basic assumptions upon which the rest of the model relies. Depending on your entries on the “General Inputs” worksheet, other portions of the model will be “grayed out”. Sections are grayed out when they do not apply to your scenario, as determined by your entries on the “General Inputs” worksheet. You should not make any entries on grayed out sections of the model.

Throughout the model, you will notice certain cells with a red triangle in the upper right corner. The red triangle indicates that there is an explanatory comment regarding the data to be entered for that row/column. Move your cursor over the cell with the red triangle to view the explanatory comment.

In the upper right corner of each worksheet, you will see the word HELP in red. Click on the word HELP to access an electronic copy of this Users’ Guide.

Entries are only possible in areas of the worksheets in which they are expected. All other cells on the worksheets are locked, and cannot be changed. This is to protect the integrity of the formulas on which the model depends for reliable output. Data which is to be entered by you will show in blue font; calculated data will show up in black font.

Some data entry cells are outlined in blue. The blue outline indicates a drop-down list from which you are to choose the applicable answer. To see the list, and choose the entry you want, click on the cell outlined in blue. Then click on the down arrow that appears to the right of the cell; this will show you the drop-down list. Choose the entry you want from the list by clicking on the desired answer (see Figure 1, below). The only possible entries in these cells are those that appear in the list. The model will not accept any other entries. For example, in Figure 1 below, the only possible entries for *Number of Residents* are 1, 2, 3 or 4.

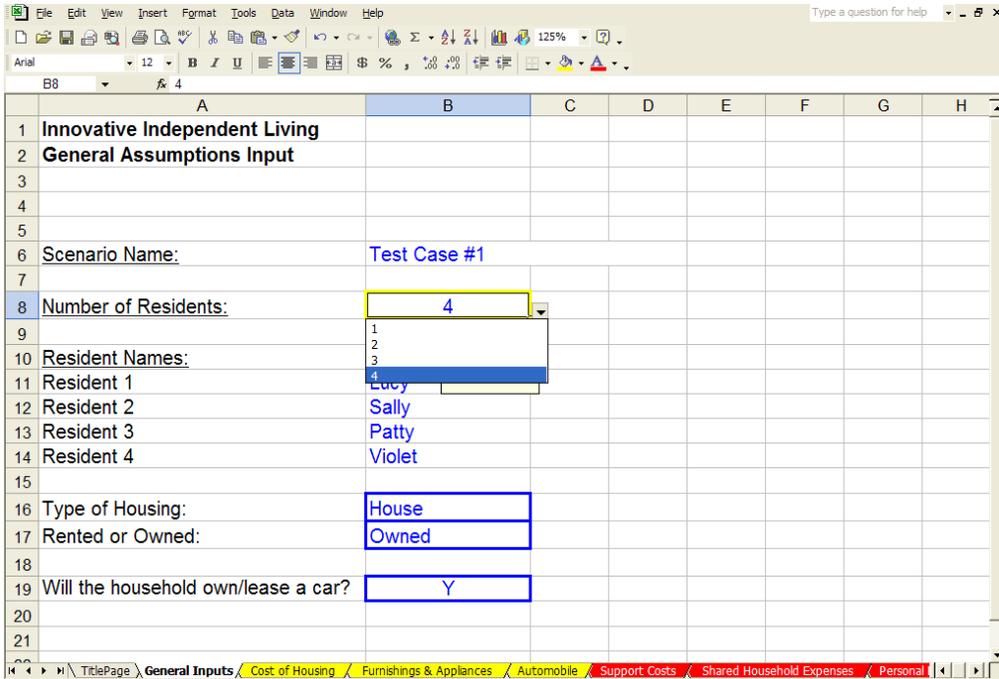


Figure 1.

Many of the worksheets contain line items labeled “*Other (Describe)*”. These lines allow you to add additional items that are not listed but will be applicable to your specific family member’s situation.

To move between worksheets, click on the tab at the bottom of the screen that contains the name of the worksheet to which you wish to move. The names of all of the worksheets do not fit in the display at the bottom of the screen; to scroll left or right to see more worksheets, click on the arrows at the bottom left of the screen. The ◀ and ▶ arrows move you one worksheet to the left and right, respectively. The ◀◀ and ▶▶ arrows move you to the first and last worksheet, respectively.

The distributed version of the model is Read-Only, meaning changes to the file cannot be saved under the original file name. To save the file after you have input data, from the menu at the top of the screen, select *File*, select *Save As*, and enter a new file name of your choosing in the “*File name*” section of the dialogue box. This ensures that you will always have the original version of the model available to which you can return if you make a mistake or want to try different options.

If multiple scenarios are run without starting each from the original version of the model, and a previously input resident is eliminated, all data related to that resident should be deleted before changing the *Number of Residents* on the “General Inputs” worksheet. To delete previously entered data, use the delete key or enter the number “0”. Do not enter a blank space by using the space bar.

- Note that, beginning on page 38, we have provided information on possible resources to help you estimate some of the costs you will need to enter into this model. We recommend that you review this information now so you are aware of what is available before you start inputting numbers.

General Inputs

This worksheet asks you some basic questions about the make-up of the household. **The answers you give here determine the options and content that will appear on the remaining worksheets.**

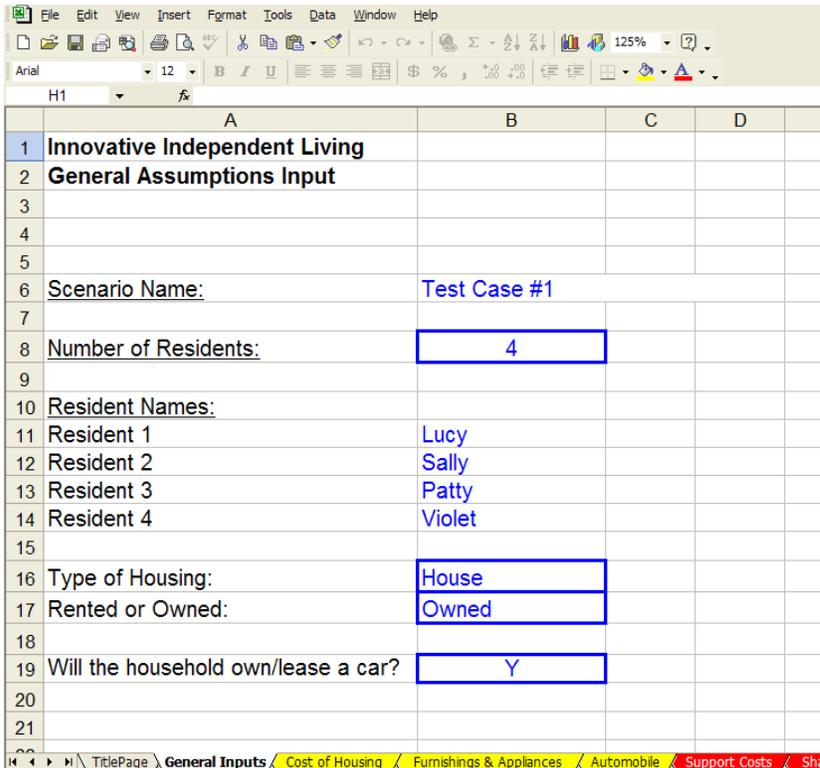


Figure 2.

Scenario Name

You may wish to run multiple versions of this model that reflect different sets of assumptions. For example, you may vary how many residents will share the home, whether it will be owned or rented, etc. Choose a scenario name that briefly describes the major assumptions in the version of the model on which you are working. The *Scenario Name* will automatically carry forward to subsequent worksheets of this same scenario, so that printouts of different scenarios can be distinguished from one another.

Number of Residents

The model allows for one to four residents per household. Please choose the number of people who will live in the household by choosing the appropriate number from the drop-down list. The model assumes that all people identified here will equally share common expenses (itemized in other worksheets).

Resident Names

The names you input carry forward to other worksheets, for ease of reference only.

Type of Housing

Apartment/Condo refers to a unit in a multiple-unit building that typically does not require unit owners or residents to maintain the grounds, or to pay for major, shared components of the building (such as the roof, for example).

House refers to a freestanding building for which the owner(s) would be responsible for all maintenance and repairs of both the building and the grounds around it.

Rented or Owned?

Choose *Owned* if one or more of the residents will own the home; there will be an opportunity to enter ownership percentages for each resident on the “Cost of Housing” worksheet.

If a family will separately own the home and rent it to the residents, or if the home will be rented from a third party, choose *Rented*.

- Note that the cost to a family to separately own a home that will be rented to the residents must be determined outside of this financial model, and will be an additional cost.

Will the Household Own/Lease a Car?

Choose *Yes* if the residents will have their own car, either owned or leased, for which they will pay insurance, maintenance, gasoline, etc.

Choose *No* if the residents will be driven in vehicles owned by family members/volunteers, or will use car services or other outside transportation that does not involve household ownership and maintenance of a vehicle.

Cost of Housing

This worksheet calculates the total cost of owning or renting the house or condominium itself—both the upfront cost, and the average monthly ongoing cost. It excludes the costs of the contents of the home and the residents’ personal costs. Those will be considered on other worksheets.

If you chose *Owned* on the “General Inputs” worksheet, you will input data related to the cost of purchasing, owning and maintaining the house or condominium on the left side of

the “Cost of Housing” worksheet (columns A – D). The right side of the worksheet will be grayed out. Do not enter any data in the grayed out area.

If you chose *Rented* on the “General Inputs” worksheet, you will input data related to the cost of renting the house or apartment on the right side of the “Cost of Housing” worksheet (columns F-G). The left side of the worksheet will be grayed out. Do not enter any data in the grayed out area.

Owned House or Condominium

	A	B	C	D
1	Innovative Independent Living			
2	Home Ownership Costs			
3	Test Case #1			
7				
8				
9	Owned House or Condominium			
10		Ownership		
11	<u>Owned By</u>	<u>Percentage</u>		
12	Lucy	40%		
13	Sally	35%		
14	Patty	25%		
15	Violet	0%		
16				
17				
18	<u>Purchase Cost</u>			
19				
20	Total Cost	\$ 200,000		
21	Down Payment	40,000		
22	Loan Interest Rate	6.00%		
23	Loan Term (Months)	360		
24	Monthly Payment	\$ 959.28		

Figure 3.

Owned By/Ownership Percentage

The names of all of the residents will carry forward from the “General Inputs” worksheet into the *Owned By* column, even if not all of the residents will share in the ownership.

Enter each resident’s share in the ownership of the house, from 0% to 100%, under *Ownership Percentage*, column B. These percentages will be used to allocate the purchase costs and ongoing costs of ownership among the residents in accordance with their ownership shares in the property.

Purchase Cost

Total Cost (line 20) - This includes all costs to acquire the property and ready it for occupancy: basic purchase price of the property, cost to repair or renovate the property, closing costs and any other costs to acquire the property. *Include only those costs that*

will be financed via a mortgage on the property; do not include costs that will be paid directly in cash at the time of the closing. Do not deduct any expected down payment on the mortgage on this line. Do not include any costs to furnish the property.

Enter the amount of any *Down Payment* on the mortgage on line 21. Be sure you have not already subtracted the down payment from the *Total Cost*, above.

Loan Interest Rate is the annual interest rate stated on the loan (not the APY). Enter the rate as a whole number (i.e., a loan with a 6.25% interest rate would be entered 6.25, not .0625).

Loan Term (Months) is the total life of the loan, stated in months. For example, for a 30-year loan, enter 360 months (30 years times 12 months per year); for a 15-year loan, enter 180 months (15 years times 12 months per year).

Monthly Payment will be calculated by the model (see Figure 3, line 24).

Total Up-Front Costs

This section calculates the total amount of cash that will be needed at the time the house or condominium is purchased.

	A	B	C	D	E
1	Innovative Independent Living				
2	Home Ownership Costs				
3	Test Case #1				
25					
26					
27	Total Up-Front Costs				
28					
29	Down Payment	\$ 40,000			
30	Legal Fees	2,000			
31	Closing Costs	3,000			
32	Development Fee	-			
33	Utility Deposits	250			
34	Moving costs	1,250			
35	Repairs/Renovations/Improvements	2,000			
36	Total Up-Front Costs	\$ 48,500			
37					
38	Total Up-Front Costs per Resident:	\$ 19,400	Lucy		
39		16,975	Sally		
40		12,125	Patty		
41		-	Violet		
42		\$ 48,500			

Figure 4.

Down Payment will carry forward from the amount you entered on line 21, above.

Legal Fees should include fees you expect to pay to attorneys or other legal advisers at the time of purchase.

Closing Costs are typically 1 to 2% of the loan amount. Include only costs that will be paid with your own cash, not funds that will be borrowed under the mortgage.

Development Fee-- Enter any fee paid to a housing development corporation.

Utility Deposits-- Enter the amount of any deposits required to establish electric, phone, gas, cable, internet or other utility service.

Moving Costs-- Enter the cost to move the residents' belongings and any shared items into the home.

Repairs/Renovations/Improvements-- Enter the cost of any work that will be done to prepare the property for occupancy. This should include only items that will be paid with funds that were not borrowed under the mortgage on this property.

Ongoing Costs of Ownership

This section calculates the total amount that will be needed to maintain the home, pay the mortgage, and pay other ongoing costs of ownership, such as real estate taxes, association fees, maintenance, etc.

	A	B	C	D	E
1	Innovative Independent Living				
2	Home Ownership Costs				
3	Test Case #1				
44			Amount		
45	Ongoing Costs of Ownership	Frequency	of Each	Annual	
46		of Payment	Payment	Total	
47	Mortgage Payment	Monthly	\$ 959	\$ 11,511	
48	Real Estate Taxes	Semi-Annual	750	1,500	
49	Homeowner's Insurance	Semi-Annual	350	700	
50	Routine Repairs/Maintenance	Quarterly	200	800	
51	Capital Replacement Reserve	Monthly	100	1,200	
52	Condominium Maintenance Fee	Monthly	-	-	
53	Homeowners' Association Fee	Annual	250	250	
54				\$ 15,961	
55					
56	Monthly Average Total			\$ 1,330	
57					
58	Monthly Average Total per Resident:		Lucy	\$ 532	
59			Sally	466	
60			Patty	333	
61			Violet	-	
62				\$ 1,330	

Figure 5.

For each cost listed, determine how often the expense will be paid and choose the corresponding *Frequency of Payment* from the drop-down lists in column B. The *Amount* you enter in column C should equal the amount of each payment you will make at each time you identified in the “frequency of payment” box. For example, if the payment will be made semi-annually or twice per year, enter the amount of one semi-annual payment; do not enter the total of the two payments to be made in a year.

Mortgage Payment will carry forward from the calculation above, line 24. It is assumed that the mortgage payment is made monthly.

Real Estate Taxes, Homeowner's Insurance, Condominium Maintenance Fee, Homeowners' Association Fee - Enter amounts for these taxes and fees, as appropriate, for the frequency of payment you chose.

Routine Repairs/Maintenance Enter an estimate of the amounts to be spent periodically for routine repairs/maintenance on the home itself—such as furnace tune-up or repair (but not replacement), gutter cleaning, plumbing problems, etc. Do not include repairs or maintenance of contents, such as furniture or appliances, which will be entered on the “Shared Household Expenses” worksheet.

Capital Replacement Reserve is an optional amount that might be set aside periodically in order to build a fund to pay for major items such as a new roof or furnace, new carpeting, etc. An appropriate annual amount can be calculated by dividing the replacement cost by the expected remaining useful life of each such major item. The calculated annual reserve can be further divided into more frequent, smaller payments, as desired. Enter amounts as appropriate for the frequency of payment you chose.

Monthly Average Total is calculated by the model on line 56, column D, based on the amounts you entered above (see Figure 5).

Monthly Average Total per Resident is calculated by the model on lines 58 through 61 of column D by multiplying the *Monthly Average Total* by the ownership percentages you entered on lines 12 through 15, column B (see Figure 5).

Rented House or Apartment

The screenshot shows an Excel spreadsheet with the following data:

	F	G	H	I	J	K
1	Innovative Independent Living					
2	Home Ownership Costs					
3	Test Case #1					
7						
8						
9	Rented House or Apartment					
10						
11	<u>Initial Costs</u>					
12						
13	Deposit and first month's rent	\$	1,500			
14	Utility deposits		175			
15	Moving costs		2,000			
16		\$	3,675			
17	Initial Cost per Resident	\$	919			
18						
19						
20			Amount			
21	<u>Ongoing Costs of Rental</u>		per Month			
22						
23	Rent	\$	750			
24	Renters' Insurance		38			
25		\$	788			

Figure 6.

Initial Costs

Deposit and first month's rent - Enter the amount of the first month's rent, and any security deposit called for in the lease agreement. If the lease agreement requires the last month's rent to be paid up front, include that amount here also.

Utility deposits - Enter the amount of any deposits required to establish electric, phone, gas, cable, internet, or other utility service.

Moving Costs - Enter the cost to move the residents' belongings and any shared items into the home.

Ongoing Costs of Rental

Rent - Enter the monthly rental payment.

Renters' Insurance - Enter the amount to be paid for renters' insurance for each month of coverage, even if the premium is paid less frequently (For example, if the premium is paid semi-annually, divide that semi-annual premium by 6 and enter the result.).

The total *Ongoing Costs of Rental* calculated by the model on line 25, column G (see Figure 6), carries forward automatically to the "Shared Household Expenses" worksheet, line 10 (see Figure 16).

Furnishings & Appliances - Initial Investment

This worksheet calculates the total cost to furnish the home in order to make it ready for occupancy. It does not include the estimated cost to replace items in the future as they wear out. The model assumes each resident will pay the cost of furnishing his or her own bedroom, and that the cost of furnishing all of the other (common) rooms will be shared equally among all residents. Based on the information you input, the total up-front cost of furnishings is shown for each resident at the bottom of the worksheet, on lines 98 through 101, column G (see Figure 10).

Bedrooms

	A	B	C	D	E	F	G	H	I	J
1	Innovative Independent Living									
2	Furnishings & Appliances - Initial Investment									
4	Test Case #1									
5										
6										
7				Number in	Common Area		Number in Each Resident's Room			
8		Average		Common	Items		Lucy	Sally	Patty	Violet
9		Cost		Areas	Total Cost		Resident 1	Resident 2	Resident 3	Resident 4
10	Bedrooms									
11	Bed	200					1	1	1	1
12	Mattress Set	800					1	1	1	1
13	Bedding	100					1	1	1	1
14	Dresser	159					1	2	2	1
15	Desk	200					1	1	1	1
16	Chair	60					1	1	1	1
17	Lamps	70					2	3	3	2
18	Draperies									
19	Pictures/Artwork	50					2	1	1	2
20	Other (Describe Below):									
21										
22										
23										
24										

Figure 7.

Enter the estimated cost of each item of furniture to be purchased. (If you expect to move some of the items your son or daughter has in your current home, do not enter any data in that row. If you wish to delete previously entered data, enter zero or use the delete key; do not use the space bar.) Enter the average cost for one *bed*, one *mattress set*, etc. in column B. If you expect to purchase other items that are not listed, enter a brief description of those items (for future reference) on lines 21 and 22. Then, opposite each listed item, enter the number to be purchased for each resident under the appropriate resident's name in columns G through J. The model will then calculate for each resident, in columns L through O, the total cost of the furniture that resident expects to purchase for his or her own bedroom (see Figure 8).

	A	K	L	M	N	O	P
1	Innovative Independent Living						
2	Furnishings & Appliances - In						
4	Test Case #1						
5							
6				(Calculated)			
7		Total Cost - Each Resident's Personal Items					
8		Lucy	Sally	Patty	Violet		
9		Resident 1	Resident 2	Resident 3	Resident 4		
10	Bedrooms						
11	Bed		200	200	200	200	
12	Mattress Set		800	800	800	800	
13	Bedding		100	100	100	100	
14	Dresser		159	318	318	159	
15	Desk		200	200	200	200	
16	Chair		60	60	60	60	
17	Lamps		140	210	210	140	
18	Draperies		-	-	-	-	
19	Pictures/Artwork		100	50	50	100	
20	Other (Describe Below):						
21			-	-	-	-	
22			-	-	-	-	

Figure 8.

Living Room, Kitchen, Bathroom, Laundry, Communication & Security

Costs for the furnishings for these rooms should be entered in the same way as the bedroom furniture, except that the numbers of items to be purchased should be entered in total for the home (rather than by individual resident) in column D (see Figure 9). The model will then calculate the total cost for furnishing the common areas, and divide it equally among the residents (see Figure 10).

	Average Cost	Number in Common Areas	Common Area Items Total Cost	Number in Each Resident's Room			
				Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4
24 Living Room							
25 Sofa	500	1	500				
26 Chair	250	3	750				
27 Reclining Chair	300	1	300				
28 Occasional Tables	150	2	300				
29 Television	400	1	400				
30 DVD Player	60	1	60				
31 CD/MP3 Player	45	1	45				
32 TV/Stereo Stand	125	1	125				
33 Lamps	50	3	150				
34 Pictures/Artwork	50	2	100				
35 Other (Describe Below):							
36		0	-				
37		0	-				
38		0	-				
39							

Figure 9.

	Average Cost	Number in Common Areas	Common Area Items Total Cost	Number in Each Resident's Room			
				Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4
92			\$ 11,710				
95 Total Investment by Resident (Calculated)							
96		Common	Personal				
97		Items	Items	Total			
98 Resident 1 Cost	Lucy	\$ 2,928	1,759	\$ 4,687			
99 Resident 2 Cost	Sally	\$ 2,928	1,938	\$ 4,866			
100 Resident 3 Cost	Patty	\$ 2,928	1,938	\$ 4,866			
101 Resident 4 Cost	Violet	\$ 2,928	1,759	\$ 4,687			
102		\$ 11,710					

Figure 10.

Automobile

This worksheet will calculate the total cost of purchasing or leasing and operating a car, and split that cost among the residents who will share those costs. The entire worksheet will be grayed out if you indicated on the “General Inputs” worksheet that the residents will not own or lease a car. Do not enter any data into this worksheet if it is grayed out.

	A	B	C	D	E
1	Innovative Independent Living				
2	Automobile Costs				
5	Test Case #1				
7	Will car be owned or leased?	Owned			
12	Will Resident Share Cost of Auto (Y or N)?	N	Y	N	Y
13	Number of Residents Sharing Costs (Calculated)	2			
17	Operating Costs	Frequency of Payment	Amount	Annual Total	
18	Car Loan Payment (Calculated)	Monthly	\$ 434.91	\$ 5,219	
19	Lease Payment	Monthly	\$ 500	\$ -	
20	Gasoline	Weekly	35.00	1,820	
21	Oil Changes	Monthly	30.00	360	
22	Insurance	Semi-Annual	175.00	350	
23	Repairs	Semi-Annual	100.00	200	
24	Registration	Annual	65.00	65	
25	Annual Operating Costs			\$ 8,014	
26	Average Monthly Operating Costs			\$ 668	
29	Purchase Cost	Amount			Lease Up-Front Costs
30	Total Cost	\$ 25,000			Down Payment
31	Down Payment	4,000			First Month Payment
32	Down Payment per Resident (Calculated)	2,000			Security Deposit
33	Loan Interest Rate	8.90%			Taxes
34	Loan Term (Months)	60			Title & Documentation Fee
35	Monthly Payment (Calculated)	\$434.91			Total Due at Signing
					Total Due per Resident

Figure 11.

Indicate whether the car will be *Owned* or *Leased* by one or more of the residents by making the appropriate selection from the drop-down list in column B, line 7.

On line 12, indicate for each resident whether he or she will share in the costs of the car by selecting *Y* (Yes) or *N* (No) from the drop down lists in columns B through E. The model will then calculate the total number of residents sharing in the costs of the car (line 13).

Operating Costs

Car Loan Payment will be grayed out if the car is to be leased. If the car is to be owned, the payment will be calculated by the model based on your entries in the Purchase Cost section of the worksheet, beginning on line 29. The loan payment is assumed to be made monthly.

Lease Payment will be grayed out if the car is to be owned. If the car is to be leased, enter the frequency of lease payments in column B, by selecting the appropriate entry from the drop down list. Enter the amount of each corresponding payment in column C.

Gasoline, Oil Changes, Insurance, Repairs, Registration-- enter the expected frequency of each of these types of payments in column B, by selecting the appropriate entry from the drop down list. Enter the amount of each corresponding payment in column C.

Based on the above entries, the model will calculate *Annual Operating Costs* (line 25) and *Average Monthly Operating Costs* (line 26) in column D (see Figure 11).

Purchase Cost

Total Cost is the total amount needed to purchase the car, including taxes, title, etc.

Down Payment is the dollar amount of the total cost that will be paid in cash, up front.

Down Payment per Resident (Calculated). The model will divide the down payment by the number of residents sharing in the cost of the car to determine this amount (see Figure 11, line 32).

Loan Interest Rate is the stated rate (not the APY) on the loan that will finance the purchase of the car. Enter the rate as a whole number (i.e., a loan with a 7.5% interest rate would be entered 7.5, not .075).

Loan Term (Months) is the total life of the loan, stated in months. For example, for a 3-year loan, enter 36 months (3 years times 12 months per year); for a 5-year loan, enter 60 months (5 years times 12 months per year).

Monthly Payment will be calculated by the model (see Figure 11, line 35).

Lease Up-Front Costs

(If you are not leasing a car, this area will be grayed out. Do not enter any data if it is grayed out.) When a lease contract is signed, amounts due up front in cash include any down payment, the first month's lease payment, sales tax, any security deposit, and title or registration fees. (See Figure 12, columns E through F, lines 30 through 34.)

	Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4
7 Will car be owned or leased?	Leased			
12 Will Resident Share Cost of Auto (Y or N)?	N	Y	N	Y
13 Number of Residents Sharing Costs (Calculated)	2			
17 Operating Costs	Frequency of Payment	Amount	Annual Total	
18 Car Loan Payment (Calculated)	Monthly	\$ 500	\$ 6,000	
19 Lease Payment	Monthly	\$ 500	\$ 6,000	
20 Gasoline	Weekly	35.00	1,820	
21 Oil Changes	Monthly	30.00	360	
22 Insurance	Semi-Annual	175.00	350	
23 Repairs	Semi-Annual	100.00	200	
24 Registration	Annual	65.00	65	
25 Annual Operating Costs			\$ 8,795	
26 Average Monthly Operating Costs			\$ 733	
29 Purchase Cost	Amount		Lease Up-Front Costs	
30 Total Cost	\$ 25,000		Down Payment \$ 550	
31 Down Payment	4,000		First Month Payment 350	
32 Down Payment per Resident (Calculated)	2,000		Security Deposit 350	
33 Loan Interest Rate	8.99%		Taxes 125	
34 Loan Term (Months)	60		Title & Documentation Fee 50	
35 Monthly Payment (Calculated)	\$0.00		Total Due at Signing \$ 1,425	
			Total Due per Resident \$ 713	

Figure 12.

The *Down Payment* is money paid at the time the lease is signed that reduces the amount owed on the lease. It is usually called “Capitalized Cost Reduction,” or simply “Cap Cost Reduction”. A down payment is not usually required on a car lease, but a modest down payment can often significantly reduce the monthly payment amount. The first month's lease payment, security deposit, taxes, and title and registration fees are not part of the down payment and are entered separately as described below.

First Month's Payment - Lease payments are made at the beginning of the month in which they are due. This means the first lease payment is made in cash at the time the lease contract is signed. The first payment is not considered a down payment or a security deposit — it is actually the first monthly payment on the lease.

Security Deposit is a fee that is usually about the same as, or a little more, than the monthly lease payment. It will be refunded at lease-end, less any disposition, mileage, or damage charges. Not all leases require a security deposit.

Sales Tax is generally charged on any down payment. In addition, in Ohio, *Sales Tax* is paid up front on the capitalized lease cost, which is the amount that is being financed with the lease. In other states, sales tax may be paid on the total value of the leased vehicle, or on the monthly lease payments. Please consult your local rules for the appropriate rate to use for sales tax.

Documentation Fee-- Some dealers or other lessors charge this to cover the cost of preparing lease documents.

Title --Enter the cost of the title which will also be paid at the time the lease is signed.

Total Due at Signing-- The model will calculate this based on your answers above (see Figure 12, line 35).

Total Due per Resident (at signing)-- The model will calculate this based on how many residents you indicated would be equally sharing the cost of the car (see Figure 12, line 36).

Support Costs

This worksheet calculates total hours of services that will be provided by in-home care workers, whether paid or voluntary, and/or by an offsite monitoring service (see below). The worksheet calculates the total cost of these support services based on your chosen average hourly wage for in-home paid support, and your chosen average hourly cost for support provided by an offsite monitoring service. Support provided by family members or other volunteers is assumed to have no cost.

Enter *Average Hourly Wage* to be paid to *Onsite, Paid* caregivers for this household. Do not include volunteer or other non-cash paid hours in calculating the average. For example, a caregiver may be granted free room and board in exchange for his or her services. This type of non-cash arrangement should not be included when calculating the average hourly wage. The costs of that caregiver’s room and board will be reflected in the amounts entered in the separate “Shared Household Expenses” worksheet.

Enter the average cost of one hour of support from an *Offsite Monitoring Service* that connects the home to a response center which provides real-time, two-way voice and video communication support to adults with disabilities. Offsite monitoring is generally a less costly alternative to in-home support.

The screenshot shows an Excel spreadsheet with the following data:

Innovative Independent Living Support Staff Needs		Support Staff Needs		Test Case #1							
Average Hourly Rate Onsite, Paid Support Workers:		\$	12.00	Offsite Monitoring Service Hourly Rate:		\$	5.00				
Shared Support Needs		Daily	Offsite Monitoring Service or Onsite Support?	Total Shared Resource Hours per Day/Wk/Mo	Volunteer/ Other Non-Cash Hours Included in Column C	Does Resident Share Resource?					
Type of Support Needed	Weekly	Monthly				Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4		
Meal Preparation	Daily	Onsite	6.0	2.0	Y	Y	N	N			
Laundry	Monthly	Offsite Monitoring	4.0	-	Y	N	Y	Y			
Housekeeping	Weekly	Onsite	2.0		N/A	N/A	N/A	N/A			
Shopping	Weekly	Onsite			N/A	N/A	N/A	N/A			
Administer meds, other medical	Daily	Offsite Monitoring	3.0		Y	N	Y	Y			
Social support/companionship	Daily	Onsite			N/A	N/A	N/A	N/A			
Transportation	Weekly	Onsite			N/A	N/A	N/A	N/A			
Total Hours per Month				286.4	60.8						
USER COMMENTS:											

Figure 13.

Shared Support Needs

This section of the worksheet calculates the total hours of support that will be provided by one caregiver to multiple residents (see Figure 13, lines 10 through 23). For example, one caregiver may prepare a meal for three residents. Or, one caregiver may provide companionship or transportation to all of the residents in the household.

For each *Type of Support Needed* listed in column A, indicate whether the support will be needed *Daily, Weekly, or Monthly*, by selecting the appropriate frequency from the drop-down list in column B. For example, meal preparation would typically be needed daily; laundry may be done only weekly, while shopping may be either. For those expenses that are incurred daily but in different amounts on weekdays versus weekends, calculate the total hours needed in a week, and enter that total as a *Weekly* amount.

Offsite Monitoring Service or Onsite Support column -- Indicate whether each support activity will be provided by an *On-site caregiver* or by an *Offsite monitoring service* by making the appropriate choice from the drop-down lists in column C. For those activities that cannot be provided by an offsite monitoring service, onsite is assumed by the model.

Total Shared Resource Hours per Day/Wk/Mo column -- Enter the *total hours* needed for all residents per period selected (i.e., per day, week, or month) in column E. [column D is hidden and not relevant to your input]. This should include the total of on-site paid, offsite monitoring service, and volunteer/other non-cash hours.

Volunteer/Other Non-Cash Hours included in Column C --For each *Type of Support Needed* in column A, indicate in column G [column E is hidden and not relevant to your input] how many of the total hours will be provided by a caregiver that is not paid in cash. This could be either volunteer hours by families or others, or hours worked in exchange for some non-cash benefit such as room and board.

Does Resident Share Resource? Columns I through U--For each support activity, indicate under each resident's name (in columns I, M, Q, and U) whether that resident will (*Y* for Yes) or will not (*N* for No) share in the costs and benefits of that particular support activity. *N/A* indicates the support activity will not take place on a shared basis in that house. (It may still be provided to an individual resident, which will be identified in the section below titled "Individual Support Needs")

User Comments (line 25) is space provided for notes regarding assumptions made in calculating the hours and costs entered in lines 7 through 22. This is for the users' convenience and future reference, and may be useful in running multiple scenarios. Make any notes beginning in column B. You may leave this area blank if you do not have any comments.

Individual Support Needs

This section of the worksheet itemizes the hours of personal support (i.e., one-on-one care) each individual must have in the activities listed in “Types of Support Needed” (column A) and calculates the total hours of support that will be provided by a caregiver to each individual resident (see Figure 14).

Type of Support Needed	Frequency	Lucy		Sally		Patty		Violet	
		Total Hours	Non-Cash Hrs						
Hygiene, grooming, dressing, bathing	Daily	5.0	2.0	1.0		3.0	1.0		
Meal Preparation	Daily							4.0	4.0
Eating Assistance	Daily	1.0		3.0					
Laundry	Weekly	2.0							
Housekeeping	Weekly								
Shopping	Weekly								
Money management	Monthly	3.0				4.0	2.0		
Administer meds, other medical	Daily							2.0	-
Social support/companionship	Daily								
Transportation	Weekly								
Total Hours Per Month		194.2	60.8	121.7	-	95.3	32.4	182.5	121.7
Hourly Rate		\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	12.0	\$ 12.00	\$ 12.00
Total Cost Per Month		\$ 2,330	\$ 730	\$ 1,460	\$ -	\$ 1,143	\$ 389	\$ 2,190	\$ 1,460

Figure 14.

Daily, Weekly, Monthly column--For each *Type of Support Needed* listed in column A, indicate whether the support will be needed *Daily, Weekly, or Monthly*, by selecting the appropriate frequency from the drop-down list in column B.

Individual Support Needs – Hours columns C through Y--For each support activity, enter the *total hours* needed by each resident per period selected (i.e., per day, week, or month) in the appropriate column titled with each resident’s name and “*Total Hours*” (column C, G, M, or U). This should include the total of both paid and volunteer hours.

For each support activity, indicate in the appropriate column titled with each resident’s name and *Non-Cash Hrs* (column E, I, Q, or Y) how many of the total hours will be provided by a caregiver that is not paid in cash – i.e., volunteer hours, or hours worked in exchange for some *non-cash* benefit such as room and board.

Total Cost per Month of each individual resident’s support needs is calculated on line 45 in the column titled with each resident’s name and *Total Hours*. Note that the total cost of volunteer and other non-cash support is shown in the next column to the right. This is

for reference only, to give an indication of the value of those services. The calculated volunteer/other non-cash costs do not carry forward to the determination of total monthly cash needs on the “Financial Summary” worksheet.

User Comments (line 47) is space provided for notes regarding assumptions made in calculating the hours and costs entered in lines 33 through 42. This is for the users’ convenience and future reference, and may be useful in running multiple scenarios. Make any notes beginning in column B. You may leave this area blank if you do not have any comments.

Total Monthly Hours and Cost per Resident (Calculated)

This section of the worksheet calculates and summarizes for each resident the total monthly cost of support services, including both shared and individual support activities (see Figure 15). All information in this section is taken from the items you input in the sections above. No user entries are allowed in this section of the worksheet, so if you want to change something, you must go back to the initial item in the categories described above.

	A	B	C	E	G	I	M
1	Innovative Independent Living						
2	Support Staff Needs						
4	Test Case #1						
5							
6							
7	Average Hourly Rate Onsite, Paid Support Workers:		\$ 12.00				
8	Offsite Monitoring Service Hourly Rate:		\$ 5.00				
9							
51	Total Monthly Hours and Cost per Resident (Calculated)						
52							
53			Total Monthly Cost Including Shared Resources				
54			Lucy	Sally	Patty	Violet	
55			Resident 1	Resident 2	Resident 3	Resident 4	
56							
57	Hygiene, grooming, dressing, bathing		152.1	30.4	91.3	-	
58	Meal Preparation		91.3	91.3	-	121.7	
59	Eating Assistance		30.4	91.3	-	-	
60	Laundry		10.0	-	1.3	1.3	
61	Housekeeping		-	-	-	-	
62	Shopping		-	-	-	-	
63	Money management		3.0	-	4.0	-	
64	Administer meds, other medical		30.4	-	30.4	91.3	
65	Social support/companionship		-	-	-	-	
66	Transportation		-	-	-	-	
67	Total Hours per Month		317.2	212.9	127.0	214.3	
68	Total Hours - Offsite Monitoring Service		31.8	-	31.8	31.8	
69	Total Hours - Onsite Support		285.4	212.9	95.3	182.5	
70	Total Cost - Offsite Monitoring Service		159	-	159	159	
71	Total Cost - Onsite Support		3,425	2,555	1,143	2,190	
72	Total Cost Per Month		\$ 3,584	\$ 2,555	\$ 1,302	\$ 2,349	
73	Less Non-Cash Support		\$ (1,095)	\$ (365)	\$ (389)	\$ (1,460)	
74	Net Cash Cost Per Month		\$ 2,489	\$ 2,190	\$ 913	\$ 889	
75							

Figure 15.

- Note that the *Total Cost per Month* on line 72 includes the volunteer or non-cash support values, but deducts them at the end of the section (on line 73) so you can see the actual amount of funding that is needed for support costs (line 74) based on the assumptions you entered above.

Total Hours per Month of support needed by each resident is the sum of all items above and is shown on lines 67. The total is divided into that provided by an *Offsite Monitoring Service* (line 68) and *Onsite Support* provided by other people (line 69).

The *Total Cost per Month* of those hours – including volunteer and other non-cash support hours – is shown on line 72. The total cost is divided into that paid to an *Offsite Monitoring Service* (line 70) and that to be paid to other people for *Onsite Support* (line 71) (see Figure 15).

Less Non-Cash Support (line 73) is the calculated value of the hours you indicated were needed but would be provided by volunteers or others who do not get cash payments for their support. It is deducted here since you will have no payments for these services (see Figure 15).

The *Net Cash Cost per Month* is shown for each resident on line 74. It is the amount that must be paid each month to cover the support requirements you indicated were needed for each resident listed above. This is the cost that carries forward to the determination of total monthly funding needs on the “Financial Summary.” These may be paid for through a variety of funding sources, which will be determined by each individual and family.

Shared Household Expenses

This worksheet calculates the average monthly living expenses that will be shared equally by the home’s residents. Be certain to include here the cost of any “in-kind” payments or non-cash benefits to shared caregivers, such as meals provided at the residents’ expense. Living expenses that are not shared will be figured on the “Personal Expenses” worksheet.

	Number of Times Paid Per YEAR	Average Amount of Each Payment	Average Monthly Cost
10 <i>Home/Apartment - Average Monthly Costs</i>	12	\$	\$
11 Electric	12	70.00	70.00
12 Gas	12	50.00	50.00
13 Water & Sewer	4	55.00	18.33
14 Lawn Care	5	45.00	18.75
15 Snow Removal	4	40.00	13.33
16 Maintenance/Repairs Fund - Appliances/Furnishings	12	45.00	45.00
17 Telephone	12	50.00	50.00
18 Home Security System Monitoring Service	12	35.00	35.00
19 Cable TV Service	12	55.00	55.00
20 Internet Service	12	30.00	30.00
21 Transportation - Private Van or Car Service	12	-	-
22 Garbage Removal	4	-	-
23 Housekeeping/Cleaning	26	75.00	162.50
24 Laundry/Dry Cleaner	12	-	-
25 Food/Drink	52	250.00	1,083.33
26 Grocery Delivery Service	52	-	-
27 Household Supplies	12	40.00	40.00
28 Newspapers, Magazines	12	10.00	10.00
29 Other (Describe Below) -			
30			
31			
32			
33			
34 Total Average Monthly Shared Household Expenses			\$ 1,681.25
35 Total Average per Resident per Month			\$ 420.31

Figure 16.

Expense categories are itemized in column A. Opposite each listed expense, in column B, enter the *Number of Times per Year* the expense is expected to be paid. In column C, enter the *Average Amount of Each Payment*. If you expect shared expenses that are not listed, enter a brief description of those items (for future reference) in column A on lines 30 through 33, and the appropriate frequencies and amounts in columns B and C.

If the home will be *Rented*, the *Average Monthly Rental Cost* will carry forward automatically from the “Cost of Housing” worksheet. If the home will be owned, this line will be grayed out. In Figure 16, above, for example, the home is assumed to be owned, and line 10 is grayed out.

Transportation - Private Van or Car Service should include only the cost of paid transportation services. Do not include the cost of an owned car, which should be reflected on the “Automobile” worksheet instead.

Housekeeping/Cleaning costs should be entered on this worksheet only if a cleaning service will be used. Do not include the cost for a caregiver who provides housekeeping as part of his/her normal work services; that expense should be reflected on the “Support Costs” worksheet instead.

Food/Drink should include only the cost of the items purchased that are to be shared by the household (including food and drink that will be provided free of charge to any shared caregivers). The cost of food purchased for an individual resident that will not be shared should be entered on the “Personal Expenses” worksheet.

Grocery Delivery Costs-- Enter on line 26 of this worksheet the cost to deliver groceries that will be shared by the household. The cost to deliver food purchased for an individual resident that will not be shared should be entered on the “Personal Expenses” worksheet.

Newspapers/Magazines should include only the cost of the items to be shared by the household. The cost of newspapers or magazines purchased for an individual resident that will not be shared should be entered on the “Personal Expenses” worksheet.

The model will calculate in column D the *Average Monthly Cost* for each expense,

Total Average Monthly Shared Household Expenses (line 34) is the total average of all shared expenses for the household and is calculated by the model (see Figure 16).

Total Average per Resident per Month (line 35) is calculated by the model. It divides the amount on Line 34 by the number of residents you have indicated will share the house (see Figure 16).

Personal Expenses

This worksheet calculates for each resident the average monthly cost of his or her living expenses that will *not be shared* with other residents. Be certain to include here the cost

of any “in-kind” payments to one-on-one caregivers, such as meals provided at a single resident’s expense (any costs that will be shared by residents should already have been included in the “Shared Household Expenses” worksheet).

Expenses Paid at Least Monthly

Lines 11 through 47 consider expenses that are typically incurred at least once per month (see Figure 17). For each resident (see columns B through P), enter the *Number of Times per Month* that the resident expects to incur the listed expense and the *Amount* that will be paid each time the expense is incurred. Do not enter the total for the month if more than one payment will be made; monthly totals for each resident will be calculated by the model in columns D, H, L, and P.

	Lucy Resident 1			Sally Resident 2			Patty Resident 3			Violet Resident 4		
	# of Times Pays per Month	Amount	Total	# of Times Pays per Month	Amount	Total	# of Times Pays per Month	Amount	Total	# of Times Pays per Month	Amount	Total
Expenses Paid AT LEAST MONTHLY												
12 Medical/Dental Insurance - Private	1	\$ 280	\$ 280	1	\$ 250	\$ 250	1	\$ 300	\$ 300			\$ -
13 Medicare Part A			0			0			0	1	57	57
14 Medicare Part B			0			0			0			0
15 Medicare Part D			0			0			0			0
16 Medical/Dental Out-of-Pocket Expenses	1	35	35			0	4	20	80			0
17 Medicaid Spend-down			0			0			0			0
18 Prescriptions/Other Medications			0			0			0	1	45	45
19 Therapy (Describe):			0			0			0			0
20			0			0			0			0
21			0			0			0			0
22 Assistance - Animal			0			0			0			0
23 Equipment Rental			0	1	25	25			0		450	450
24 Public Transportation	20	2	40			0			0	4	2	8
25 Transportation - Private Van or Car Svc			0			0			0			0
26 Education -			0			0			0			0
27 Transportation for education			0			0			0			0
28 Other			0			0			0			0
29 Bank Fees			0			0	1	5	5			0
30 Food			0			0	4	50	200			0
31 Grocery/Delivery Service			0			0			0			0
32 Eating Out	4	25	100	4	25	100	4	25	100	4	25	100
33 Hair Cuts	1	25	25	1	20	20	1	25	25	1	20	20
34 Clothing	1	75	75	1	75	75	1	75	75	1	75	75
35 Hobbies	1	20	20			0			0	4	25	100
36 CellPhone	1		0			0			0			0
37 Books/Magazines/Newspapers			0			0			0			0
38 Church/Temple			0			0	4	10	40	4	10	40
39 Club Dues			0			0			0			0
40 Recreation			0			0			0	2	25	50
41 Entertainment	4	15	60	4	15	60	4	15	60	4	15	60
42 Allowance	4	25	100	4	25	100	4	25	100	4	25	100
43 Other (Describe):			0			0			0			0

Figure 17.

Medical/Dental Out-of-Pocket Expenses and Prescriptions/Other Medications – Enter your expected out-of-pocket costs that will not be paid by Medicare, Medicaid, or private insurance. This includes deductibles, copays, coinsurance, and non-covered expenses, but excludes premium payments and any Medicaid spend-down, which are entered separately. Out-of-pocket expenses for prescriptions/other medications are entered separately from other medical/dental out of pocket expenses.

Enter descriptions of the type(s) of *Therapy* a resident is expected to need on lines 20 and 21, column A (for future reference), and the frequency and cost of the therapy in the appropriate column for that resident. This should reflect only the cost the individual pays and does not include the amount paid by medical or other insurance.

Public Transportation (line 24) (the cost to ride buses, trains, etc.) and *Transportation - Private Van or Car Service* (line 25) should not include the cost of an owned/leased vehicle. Owned/leased vehicle costs are included on the “Automobile” worksheet. Also, the cost of a *Private Van or Car Service* (line 25) should be included here only if it will not be shared by the entire household. The cost of a service to be shared by the household should be included in the “Shared Household Expenses” worksheet.

Transportation for education should be listed separately on line 27, and excluded from lines 24 and 25.

Other Education, line 28, should include any costs expected to be incurred at least monthly in connection with the resident’s education. The costs for fees, books, and other expenses, which are typically incurred less than monthly, will be entered below on lines 56 through 58.

The cost of *Food* (line 30), *Grocery Delivery Service* (line 31) and *Books/Magazines/Newspapers* (line 37) should be included here only if they will not be shared by the household. The costs of these items, if they are to be shared by the household, should be included in the “Shared Household Expenses” worksheet.

If you expect individual expenses that will be incurred at least monthly, but are not listed, enter a brief description of those items (for future reference) on lines 44 through 47, column A. Enter the appropriate frequencies and amounts under each resident’s name in columns B through P, following the same method you used above.

Expenses Paid Less than Monthly

Lines 55 through 66 consider expenses that are typically incurred less than monthly (see Figure 18). For each resident (see columns B through P), enter the *Number of Times per Year* that resident expects to incur the listed expense and the *Amount* that will be paid each time the expense is incurred. Do not enter the total for the year if more than one payment will be made. Monthly average costs will be calculated by the model in columns D, H, L, and P.

	# of Times			# of Times			# of Times			# of Times		
	Lucy	Lucy	Lucy	Sally	Sally	Sally	Patty	Patty	Patty	Violet	Violet	Violet
	Pays per	Resident 1	Resident 1	Pays per	Resident 2	Resident 2	Pays per	Resident 3	Resident 3	Pays per	Resident 4	Resident 4
	Year	Amount	Monthly Avg.	Year	Amount	Monthly Avg.	Year	Amount	Monthly Avg.	Year	Amount	Monthly Avg.
Expenses Paid LESS THAN MONTHLY												
55 Education -												
56 Fees	2	1500	250			0			0			0
57 Books	2	150	25			0			0			0
58 Other			0			0			0			0
59 General Medical/Dental			0	2	120	20			0			0
60 Prescriptions	2	100	17	4	225	75			0	6	75	38
61 Camp			0			0	1	500	42			0
62 Other (Describe):			0			0			0			0
63			0			0			0			0
64			0			0			0			0
65			0			0			0			0
66			0			0			0			0
67 Subtotal Average Monthly Add'l Expenses			\$ 292			\$ 95			\$ 42			\$ 38
68												
69												
70 Grand Total Avg. Monthly Personal Expenses			\$ 1,027			\$ 775			\$ 717			\$ 538
71												
72												
73												

Figure 18.

If you expect individual expenses that will be incurred less than monthly, but are not listed, enter a brief description of those items (for future reference) on lines 61 through 64, and the appropriate frequencies and amounts under each resident’s name in columns B through P.

The *Grand Total Average Monthly Personal Expenses* is calculated for each resident on line 70 (see Figure 18). This includes expenses incurred at least monthly and expenses incurred less than monthly. This is the amount that is carried forward to the “Financial Summary” worksheet.

Income

This worksheet calculates the funds available to each resident to offset some of his or her housing and living expenses (see Figure 19). Enter the amount to be received monthly from each listed income source under the appropriate resident’s name in columns B through E. If a resident has a source of income that is not listed, enter a brief description of the income source(s) on lines 20 through 22, column A (for future reference), and the amount in the appropriate column opposite the description.

	Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4
8 Monthly Amount				
9 Wages	\$ 350	\$ 350	\$ 300	\$ 275
10 SSDI		200		
11 SSADC				
12 SSI	300			300
13 VA				
14 HUD Section 8				
15 HUD Voucher				
16 CCBDD Support Other than Waiver				
17 Benefits from Trust				
18 Child Support				
19 Other (Describe Below):				
20				
21				
22				
23	\$ 650	\$ 550	\$ 300	\$ 575
24				
25				
27 Medicaid Waiver				
29 Does the resident currently have a medicaid waiver?	N	N	N	Y
30 If no, do you expect a waiver in the future?	N	Y	Y	Y
31 How many years until you expect waiver benefits to begin?		7	10	
32 Maximum annual benefit available under the waiver				

Figure 19.

Wages refers to wages earned by the resident.

SSDI - Social Security Disability Insurance is a monthly cash benefit provided to disabled workers under age 65 and their dependents. Benefit amounts are related to the past earnings and length of employment of the insured worker.

SSADC (Social Security benefits for Adults Disabled since Childhood) – An adult disabled before age 22 may be eligible for a child’s benefits if a parent is deceased or receiving retirement or disability benefits. This is considered a “child’s” benefit because it is paid based upon a parent’s Social Security earnings record. The “adult child” must be unmarried, age 18 or older, and have a disability that started before age 22.

SSI - Supplemental Security Income is a monthly cash payment based on financial need that is provided to persons who are disabled or blind, and who otherwise meet the eligibility requirements.

Other resources you might consider include benefit payments from the Veterans Administration, HUD Section 8 housing subsidy, HUD Voucher, assistance other than Medicaid waiver payments from your County Board of Developmental Disabilities,

payments the resident will receive as the beneficiary of a trust (e.g., a Special Needs Trust), and child support payments made by a non-custodial parent toward the living expenses of the resident.

Medicaid Waiver - Your family member may receive benefits under a Medicaid Waiver. Waiver benefits are provided under Medicaid law to subsidize home and community-based services for targeted populations as an alternative to institutional care. Under current law, costs eligible for payment under a Medicaid waiver are generally limited to those incurred for support service and some transportation. In some circumstances the cost of accessibility adaptations and/or specialized adaptive/assistive technologies may be waiver eligible; speak with your support administrator to determine the extent to which this may apply to your situation.

Does the resident currently have a Medicaid waiver? Choose “Yes” if your family member currently has a Medicaid Waiver. Choose “No” if they don’t currently have a waiver.

If no, do you expect a waiver in the future? Choose “Yes” if you do not currently have a waiver but expect to receive one in the future. Otherwise, choose “No”.

How many years until you expect waiver benefits to begin? Indicate the number of years you expect to have to wait until the waiver will begin providing benefits.

Maximum annual benefit available under the waiver – Depending on the type of waiver, Medicaid Waiver benefits may be limited to a maximum dollar amount per year. If your waiver or your expected waiver is subject to such a limitation, enter the maximum dollar amount of the benefit per year. (Note: if needed, you can get more information to help you determine this number from your CCBDD Support Administrator.)

Note that, under current law, a portion of the Medicaid waiver may be used to pay for some mileage/transportation expenses. The IILP financial model does not assume any benefits will be used for mileage/transportation. Rather, all benefits are assumed to be used for support services.

The IILP Financial Model is based upon 2011 Medicaid law.

Financial Summary

This worksheet summarizes the results of the calculations made on all the previous worksheets (see Figure 20). The average or total cost or income, as appropriate, from each worksheet is shown as one line item on the “Financial Summary”. The “Financial Summary” totals show the monthly living expenses and the up-front investment that will need to be funded for each resident to live in the home. **No entries are needed from the user on this worksheet.**

	Lucy Resident 1	Sally Resident 2	Patty Resident 3	Violet Resident 4	Monthly Total for Household
9 Monthly Cost					
10 Income	\$ 650	\$ 550	\$ 300	\$ 575	\$ 2,075
11 Less:					
12 Support Costs	1,125	760	1,308	682	3,876
13 Shared Household Expenses	420	420	420	420	1,681
14 Home Ownership Expenses	532	466	333	-	1,330
15 Automobile Expenses	255	255	-	-	510
16 Personal Expenses	1,027	775	717	598	3,116
17 Net Cost per Month	\$ 2,709	\$ 2,126	\$ 2,477	\$ 1,125	\$ 8,437
19 Net Cost per Year	\$ 32,511	\$ 25,513	\$ 29,729	\$ 13,497	\$ 101,250
20 Less: Annual Waiver Eligible Expenses	-	760	1,308	682	3,876
21 Net Cost per Year from Sources Other than Waiver	\$ 32,511	\$ 24,752	\$ 28,421	\$ 12,815	\$ 97,374
25 Initial Investment					Total Upfront Investment
26 Acquisition of House/Condo/Apt.	\$ 19,400	\$ 16,975	\$ 12,125	\$ -	\$ 48,500
27 Furniture, Appliances & Technology	6,673	6,852	6,852	6,673	27,049
28 Automobile	2,000	2,000	-	-	4,000
29 Total Up-Front Investment	\$ 28,073	\$ 25,827	\$ 18,977	\$ 6,673	\$ 79,549

Figure 20.

Income (line 10) for each resident comes directly from line 23 of the “Income” worksheet.

Support Costs (line 12) comes directly from line 74 of the “Support Costs” worksheet.

Shared Household Expenses (line 13) comes directly from line 35 of the “Shared Household Expenses” worksheet.

Home Ownership Expenses (line 14) is the *Monthly Average Total* from line 56 of the “Cost of Housing” worksheet, allocated among the residents based on the ownership percentages entered on lines 12 through 15 of that worksheet.

Automobile Expenses (line 15) is the *Average Monthly Operating Costs* from line 26 of the “Automobile” worksheet allocated equally among those residents expected to share the automobile, as indicated on line 12 of that worksheet.

Personal Expenses (line 16) comes directly from line 70 of the “Personal Expenses” worksheet.

Net Cost per Month (line 17) subtracts all the monthly expenses (lines 12 through 16) from the monthly income (line 10) to determine how much additional funding each person in the house will need each month, based on all the assumptions you have entered in all previous worksheets.

Net Cost per Year (line 19) is the *Net Cost per Month* times 12.

Annual Waiver Eligible Expenses (line 20), for those residents who currently have a Medicaid waiver or expect to receive one in the future, is the same as line 12 (Support Costs) on this page times 12 (i.e., annualized) and represents the yearly costs that can be paid by the Medicaid waiver once the individual receives it. For those residents who do not ever expect to receive a waiver, this line is zero.

Net Cost per Year from Sources Other than Waiver (line 21) is the balance of all costs which must be covered annually from funds other than those areas listed in the *Income* worksheet or the Medicaid waiver.

Initial Investment

This total amount is a one-time initial requirement and is in addition to the monthly costs of support above on line 17.

Acquisition of House/Condo/Apt. (line 26) is the *Total Up-front Costs* from line 36 of the “Cost of Housing” worksheet allocated among the residents based on the ownership percentages entered on lines 12 through 15 of that worksheet if the home will be owned; it is the *Initial Cost per Resident* from line 17 of the “Cost of Housing” worksheet allocated equally among all residents if the home will be rented.

Furniture, Appliances & Technology (line 27) comes directly from column G, lines 98 through 101 of the “Furnishings & Appliances” worksheet.

Automobile (line 28) comes directly from line 32, column B (if owned) or line 36, column F (if leased) on the “Automobile” worksheet.

Funding

This worksheet considers several ways the costs calculated on the “Financial Summary” might be paid for, depending upon when cash will be available to pay current expenses, purchase an annuity (insurance contract), or save for future expenses; and whether or not the family expects future government assistance through a Medicaid waiver (see Figures 21 and 22).

Assumptions

	A	B
1	Possible Options to Pay for Individual Residents	
2	Financial Summary	
3	Test Case #1	
4		
5		
6	Assumptions	
7	Resident Identification Number	2
8	Resident Name	Sally
9	How many years do you expect them to live in this house?	20
10	Do you have a Medicaid waiver now?	N
11	Years until Medicaid waiver is expected	7
12		
13		
	How will you pay for these expenses?	
14	Options might include:	
15	• Pay each month from your own income or "pay as you go"	
16	• Pay each month from your own income and, at the same time, save some so you can buy an annuity policy to pay in the future	
17	• Put all the money up front into an annuity now which will pay all the expenses for the expected life of your son or daughter	
18		
19	To calculate the investment needed for these options, you must identify	
20	Years you will pay monthly expenses and be saving for annuity	10
21	How much you will earn, i.e. annual Interest Rate on the money you saved	2.0%
22	How much you will earn, i.e. annual Interest Rate on the annuity you purchase	1.0%
23		
24		

Figure 21.

Resident Identification Number (line 7) is the Resident number (1, 2, 3 or 4) that has been associated with your family member throughout the model. See, for example, “Financial Summary” line 9, columns B through E.

Resident Name (line 8) will be automatically filled in based on the Resident Identification Number.

How many years do you expect them to live in this house? (line 9)-- Enter the total number of years you expect your family member to live in the home envisioned by this model.

Do you have a Medicaid waiver now? (line 10) This information is brought forward from your input on the “Income” worksheet. No entry is needed.

Years until Medicaid waiver is expected (line 11) This information is brought forward from your input on the “Income” worksheet. No entry is needed.

How will you pay for these expenses?

There are many ways you might choose to pay for these expenses. A few of the possibilities, listed in order of the least to the most cash required immediately, include:

- Pay each month from your own income (sometimes referred to as "pay as you go").
- Pay each month from your own income and, at the same time, save some so you can buy an annuity policy (insurance contract) to pay in the future.
- Put all the money up front into an annuity that will pay all the expenses for the expected life of your son or daughter.

To estimate the cash requirements for each of these scenarios, you will need to enter some additional assumptions:

Years you will pay monthly expenses and be saving for annuity (line 20). Enter the number of years you will save money before buying an annuity to fund the expenses for years remaining after that time. Funds to be saved would be in addition to paying for the ongoing expenses before the annuity is purchased. Enter an assumption here even if you think it is unlikely you will purchase an annuity. The model will show you results both with and without an annuity.

How much you will earn, i.e., annual Interest Rate on the money you saved (line 21). Enter the expected rate of return on cash or other investments you expect to earn on funds set aside to pay your family member's future living expenses. Enter the rate as a whole number (i.e., an investment rate of 5% interest would be entered 5.0, not .05).

How much you will earn, i.e., annual Interest Rate on the annuity you purchase (line 22). Enter the expected rate of return on an annuity purchased to pay your family member's future living expenses. Enter the rate as a whole number (i.e., an investment rate of 1% interest would be entered 1.0, not .01).

Estimated Results

This section of the worksheet is calculated by the model. No entries are required from you in this section of the worksheet.

23			
24			
25			
26	Estimated Results		
27	A		B
28	Pay-as-You-Go for All Years (No waiver ever)		Pay-as-You-Go and Waiver in Year 8
29	Upfront Investment	\$ 25,827	Upfront Investment \$ 25,827
30			
31	Annual Ongoing Cash Needed Years 1 through 20	\$ 25,513	Annual Ongoing Cash Needed Years 1 through 7 \$ 25,513
32	(without inflation)		Annual Ongoing Cash Needed Years 8 through 20 \$ 24,752
33			
34			
35	#NAME?		Pay-As-You-Go, Waiver in Year 8, and Save for Annuity
36	Annuity Amount Needed to Fund All Yrs. After Year 10	\$ 241,640	Annuity Amount Needed to Fund All Yrs. After Year 10 \$ 234,438
37			
38	Upfront Investment	\$ 25,827	Upfront Investment \$ 25,827
39			
40	- Current Expenses	\$ 25,513	- Current Expenses Until Waiver \$ 25,513
41	- Yearly Amount to Save for Annuity	22,068	- Current Expenses After Waiver \$ 24,752
42			- Yearly Amount to Save for Annuity 21,410
43	Annual Ongoing Cash Needed Years 1 through 10	\$ 47,581	Annual Ongoing Cash Needed Years 1 through 7 \$ 46,923
44			Annual Ongoing Cash Needed Years 8 through 10 \$ 46,163
45			
46	C		D
47	Current Waiver Scenario is Not Applicable		Fund Entire Amount with Annuity Today*
48	Upfront Investment	\$ 25,827	Annuity Amount Needed to Fund All Years \$ 451,787
49			
50	Annual Ongoing Cash Needed Years 1 through 20	N/A	Upfront Investment \$ 25,827
51	(without inflation)		
52			Total Cash Needed Upfront \$ 477,614
53			
54	Pay-as-You-Go and Save for Annuity (Currently Have Waiver)		
55	Annuity Amount Needed to Fund All Yrs. After Year 10	N/A	*Reflects your assumptions as to whether and when you will receive a waiver.
56			
57	Upfront Investment	\$ 25,827	
58			
59	- Current Expenses	N/A	
60	- Yearly Amount to Save for Annuity	N/A	
61	Annual Ongoing Cash Needed Years 1 through 10	\$ -	
62			
63			
64			

Figure 22. (Scenario shown assumes resident does not have a waiver now, but will receive one after 7 years.)

Based on the assumptions entered above, the model will estimate cash requirements for the following scenarios (see Figure 22):

- Box A: Pay-as-you-go for the entire time your son or daughter will live in this home; you do not expect to ever receive a Medicaid waiver to help offset the costs. Calculations are done both for paying each month and for saving at the same time to purchase an annuity in the future. The results of this scenario are presented even if you expect to receive a waiver in the future, to make you aware of the results in the event the waiver does not come through. This box will be marked “Not Applicable” if you currently have a Medicaid waiver.
- Box B: Pay-as-you-go until you receive a waiver, then the waiver will pays eligible expenses up to the maximum benefit available per year. Calculations are done both for paying each month and for saving at the same time to purchase an annuity for the time frame you specified in the assumptions above. This box will be marked “Not Applicable” if you do not ever expect to receive a waiver.
- Box C: Pay-as-you-go assuming you currently have a waiver which pays eligible expenses up to the maximum benefit available per year. Calculations are done both for paying each month and for saving at the same time to purchase an annuity for the time frame you specified in the assumptions above. This box will be marked “Not Applicable” if you do not currently have a waiver.

- Box D: Buy an annuity (insurance policy) today to pay for all costs to fund your son or daughter's expenses for the balance of his or her expected lifetime, net of any waiver benefits for years after the waiver is assumed to be in effect.
- Note that all results are stated in current dollars; there is no adjustment for future inflation.

BOX A.**Pay-as-You-Go for All Years (No waiver ever)**

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the "Financial Summary" worksheet.

Annual Ongoing Cash Needed Years 1 through X is the cash that will be needed to fund current expenses each year going forward as long as you indicated your family member will live in the home. This comes directly from line 19 of the "Financial Summary" worksheet.

Pay-as-You-Go and Save for Annuity (No waiver ever)

Annuity Amount Needed to Fund All Yrs. After Year X is an estimate of the amount of the annuity that will be needed to fund all expenses after the point at which the annuity is purchased. This is the amount of savings (including any interest earned) you will need to have accumulated by the time you expect to purchase the annuity. The model will use this figure to calculate the *Yearly Amount to Save for Annuity* (line 42, column B).

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the "Financial Summary" worksheet.

Current Expenses is the cash that will be needed to fund current expenses each year going forward until you purchase the annuity. This comes directly from line 19 of the "Financial Summary" worksheet.

Yearly Amount to Save for Annuity is the additional cash you will need to put aside each year to save enough money to purchase the annuity at the time you indicated above.

Annual Ongoing Cash Needed Years 1 through X is the total of *Current Expenses* and *Yearly Amount to Save for Annuity*. This is the total cash that will be required each year going forward until you purchase the annuity.

BOX B.**Pay-as-You-Go and Waiver In Year X**

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the “Financial Summary” worksheet.

Annual Ongoing Cash Needed Years 1 through X is the cash that will be needed to fund current expenses each year going forward up to the time your family member receives a Medicaid waiver. This comes directly from line 19 of the “Financial Summary” worksheet.

Annual Ongoing Cash Needed Years X+1 through Y is the cash that will be needed after the waiver is received and the waiver pays 100% of waiver-eligible expenses. This comes directly from line 21 of the “Financial Summary” worksheet.

Pay-As-You-Go, Waiver in Year X, and Save for Annuity Eligible Expenses

Annuity Amount Needed to Fund All Yrs. After Year X is an estimate of the amount of the annuity that will be needed to fund all expenses after the point at which the annuity is purchased, and until the waiver is received, plus the expenses net of waiver benefits for the years after the waiver is received for the remainder of their time in the house. This is the amount of savings (including any interest earned) you will need to have accumulated by the time you expect to purchase the annuity. The model will use this figure to calculate the *Yearly Amount to Save for Annuity* (line 42, column D).

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the “Financial Summary” worksheet.

Current Expenses Until Waiver is the cash that will be needed to fund current expenses each year going forward until you receive the Medicaid waiver. This comes directly from line 19 of the “Financial Summary” worksheet.

Current Expenses After Waiver is the cash that will be needed to fund current expenses each year after the Medicaid waiver is received until you purchase the annuity. This amounts comes directly from line 21 of the “Financial Summary” worksheet.

Yearly Amount to Save for Annuity is the additional cash you will need to put aside each year to save enough money to purchase the annuity at the time you indicated above.

Annual Ongoing Cash Needed Years 1 through X and Annual Ongoing Cash Needed Years X+1 through Y is the total of *Current Expenses* and *Yearly Amount to Save for Annuity*. This is the total cash that will be required each year going forward until you purchase the annuity.

BOX C.

Pay-as-You-Go and Currently Have Waiver

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the “Financial Summary” worksheet.

Annual Ongoing Cash Needed Years 1 through X is the cash that will be needed to fund current expenses each year going forward while your family member lives in the house (i.e., the number of years you indicated in cell B9)

Pay-as-You-Go and Save for Annuity (Currently Have Waiver)

Annuity Amount Needed to Fund Yrs. 1 through X is an estimate of the amount of the annuity that will be needed to pay all future expenses, net of waiver benefits, after the point at which the annuity is purchased. This is the amount of savings (including any interest earned) you will need to have accumulated by the time you expect to purchase the annuity. The model will use this figure to calculate the *Yearly Amount to Save for Annuity* (line 60).

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the “Financial Summary” worksheet.

Current Expenses is the cash that will be needed to fund current expenses each year going forward until you purchase the annuity. This comes directly from line 21 of the “Financial Summary” worksheet.

Yearly Amount to Save for Annuity is the additional cash you will need to put aside each year to save enough money to purchase the annuity at the time you indicated above.

Annual Ongoing Cash Needed Years 1 through X is the total of *Current Expenses* and *Yearly Amount to Save for Annuity*. This is the total cash that will be required each year going forward until you purchase the annuity.

BOX D.

Fund Entire Amount with Annuity Today

Annuity Amount Needed to Fund All Years is an estimate of the amount of the annuity that would be needed now to pay all future expenses for all of the years your family member will live in their own home. This amount reflects your assumptions as to whether and when you will receive a Medicaid waiver.

Upfront Investment is the cash that will be needed up front, to buy or lease the home and get it ready for occupancy. This comes directly from line 29 of the “Financial Summary” worksheet.

Total Cash Needed Upfront is the total of the *Annuity Amount Needed to Fund All Years* and the *Upfront Investment*.

Part II – Data Sources (Northeast Ohio)

Following are some sources you may wish to consult to help you estimate certain expenses contemplated in the financial model. These are only some of the potential sources for this information. You should consider whether these sources provide a reasonable estimate that is appropriate for your family member, or whether another source or method of estimation would better reflect the costs that fit your scenario.

These sources are provided only to assist you in developing cost estimates for your family. IILP does not endorse or recommend any of the companies or other organizations whose web sites or other resources are referenced below, nor are we responsible for verifying the accuracy of their content.

To access the internet links listed below without having to retype or copy the web addresses into your browser:

1. Open an electronic copy of this document in Microsoft Word
2. Right click on the link you wish to access
3. Choose “Open Hyperlink”

Cost of Housing

PNC Bank provides free online mortgage banking resources that may help you think through some of the important considerations when choosing a home:

http://www.pncmortgage.com/Purchase/Home_Purchase_Calculators.aspx

Total Cost

REALTOR.com lists current homes for sale and their offering prices based on your desired location and features:

<http://www.realtor.com/options/advancedsearch.aspx?poe=realtor&pg=1&typ=7F>

Loan Interest Rate

Example current local consumer mortgage rates may be found at:

BankRate.com	http://www.bankrate.com/brm/rate/mtg_home.asp
Huntington Bank	https://www.huntington.com/GetRatesServlet?productGroup=MORT&zip=43215
KeyBank	https://onlinea.key.com/uap/SvltKdd?mode=3&id=KCOCHT-MORTALL&sql=compdiscMOL

Closing Costs

In the state of Ohio in 2006, the average closing costs on a \$200,000 loan totaled \$3,354 (see <http://www.bankrate.com/brm/news/mortgages/ccOhio2006a1.asp> for additional detail), or 1.7% of the loan amount. As an alternative, mortgage-investments.com provides an online closing cost estimator:

- Note this estimate is based on assumptions about fees charged by lenders and others. If you know what bank you will use for your mortgage, you may wish to contact them for their specific rates and information about local recording and transfer fees.

http://www.mortgage-investments.com/Mortgage_and_real_estate_Calculators/closing_cost_calculator.htm

Utility Deposits

These will vary depending on the location, size and type of housing you choose, as well as the credit rating of the party to whom the utility costs will be billed. Contact the utility companies for more information:

ELECTRICITY

Cleveland Public Power	216.664.4600
Illuminating Company	800.589.3101
Ohio Edison	800.633.4766

INTERNET/CABLE TV

Time Warner Northeast Ohio (www.timewarnercable.com/NortheastOhio)	877.772.2253
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NATURAL GAS

Columbia Gas of Ohio	800.344.4077
Dominion East Ohio	800.362.7557

TELEPHONE

AT&T (http://www.att.com/gen/landing-pages?pid=3308)	800.288.2020
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WATER

Cleveland Division of Water (serves Cuyahoga County)	216.664.2444
Geauga County Department of Water Resources	440.285.2222
Lake County Department of Utilities	440.350.2070

Portage County Water Resources	330.297.3670
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Moving Costs

The following website enables you to obtain quotes for the cost of your move based on some basic information input by you.

- **Note that your contact information must be provided and the moving companies sponsoring this website will use that information to contact you.**

<http://www.movingmatrix.com/Move-Types/local-move.php>

As an alternative, you may wish to contact a moving company directly. Following is contact information for a few of the many moving companies that operate in Northeast Ohio:

Atlas Van Lines	877.901.9109
Stevens Worldwide Van Lines	877.305.1616
Two Men and a Truck	216.896.6300
United Van Lines	800.321.8680

Real Estate Taxes

Real estate tax rates for local municipalities are available on the following County Auditors’ websites:

Cuyahoga County	http://fiscalofficer.cuyahogacounty.us/en-US/property-tax-calculator.aspx
Geauga County	http://www.auditor.co.geauga.oh.us/TaxRates.aspx
Lake County	http://www.lakecountyohio.gov/Default.aspx?alias=www.lakecountyohio.gov/auditor
Portage County	http://www.co.portage.oh.us/treasurer_files/2010pay2011%20TAX%20RATES.pdf

Automobile

Loan Interest Rate

Example current local consumer auto loan rates may be found at:

BankRate.com	http://www.bankrate.com/brm/rate/auto_home.asp
Huntington Bank	https://www.huntington.com/GetRatesServlet?product=AL
KeyBank	https://www.key.com/html/H-1.71.html

Title Fees and Registration

See http://bmv.ohio.gov/registration_titling.stm.

