



# Monthly Budget Worksheet

Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Number of adults in household \_\_\_\_\_

Ages of of children in the household \_\_\_\_\_

<b>MONTHLY INCOME</b>	Monthly Amount
<b>"Net Pay"</b> (Take Home Pay after all deductions)	
<b>Other Household Income:</b>	
1) Income provided by other adults in household	
2)	
3)	
<b>Income from Government (after all deductions)</b>	
SNAP	
Social Security	
Disability	
Veterans Benefits	
Public Assistance/TANF	
Food Stamps	
Unemployment Insurance	
Housing Subsidy	
WIC	
<b>Child Support</b>	
<b>Alimony/Maintenance</b>	
<b>Total MONTHLY Income</b>	
<b>- Total MONTHLY Expenses</b>	
<b>Remainder</b>	

<b>MONTHLY EXPENSES</b>	Monthly Amount
<b>Home Expenses</b>	
Rent or Mortgage Payment	
Utilities	
Cable/Internet/House Phone Cost	
Cell Phone Cost	
Grocery/Take Out	
Personal Care, including, toiletries, barber, beauty parlor etc.	
<b>Transportation</b>	
Gasoline	
Bus/Train	
Car Loan Payment	
Car Insurance	
<b>Debts/Loan Payments</b>	
Money sent to Family/Freinds out of country	
Credit Card Payments Made Monthly	
Credit Card Outstanding Balances	
Student/Education Loans	
Other Debt/Loan Payments	
Repayment of Loans from Family/Friends	
<b>Child Care Cost</b>	
<b>Laundry Services</b>	
<b>Medical/Dental Out of Pocket Expense</b>	
<b>Religious Donations/Cost</b>	
<b>Entertainment-Movies, concerts, restaurants</b>	
<b>Other Expenses (Please List)</b>	
1)	
2)	
<b>Child Support that YOU pay</b>	
<b>Alimony that YOU pay</b>	
<b>Total MONTHLY Expenses</b>	