Monthly Budget Worksheet

Applicant Name: _____

Number of Adults in Household: _____

Number of Children in Household with Ages: _____

INSTRUCTIONS:
Provide as much detail as possible. For expenses that do not occur on a monthly basis, estimate what you spend annually and divide by 12.

MONTHLY INCOME	Monthly Amount
Net Pay (take home pay after deductions)	
Employer:	
Employer:	
Other Household Income	
Income Provided by Other Adults	
Child Support	
Alimony / Maintenance	
Income from Government	
SNAP	
Social Security	
Disability	
Veterans Benefits	
TANF	
Unemployment	
Housing Subsidy	
WIC	
TOTAL MONTHLY INCOME	

MONTHLY EXPENSES	
Home Expenses	
Rent or Mortgage Payment	
Electricity Bill	
Water Bill	
Cable / Internet / Home Phone	
Cell Phone	
Groceries	
Take Out	
Laundry	
Toiletries	
Diapers / Wipes	
Other:	
Other:	
Other:	

MONTHLY EXPENSES (cont.)	Monthly Amount
Transportation	
Car Loan Payment	
Car Insurance	
Gasoline	
Bus/Train/Taxi	
Car Maintenance	
Debt Payments	
Credit Card Payments (monthly total)	
Education Loans	
Other Debt	
Repayment of Personal Loans	
Health Expenses	
Out of Pocket Medical	
Out of Pocket Dental	
Medicine	
Vision Care (glasses, contacts)	
Gym	
Other	
Childcare	
Child Support	
Alimony	
Miscellaneous	
Money Sent to Family / Friends	
Clothing / Footwear	
Religious Donations	
Tuition	
Pet Care	
Hair Cuts / Styling	
Gifts	
Vacation	
Dining Out	
Entertainment	
Other:	
Other:	
TOTAL MONTHLY EXPENSES	

Credit Cards*

* Name only.

TOTAL OUTSTANDING CREDIT CARD DEBT:

REMAINDER (Income Less Expenses):