

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

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

Credit Cards*

\* Name only.

<b>TOTAL OUTSTANDING CREDIT CARD DEBT:</b>
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**REMAINDER (Income Less Expenses):** \_\_\_\_\_