## **Monthly Budget Worksheet**

Applicant Name:		
Number of Adults in Household:		
Number of Children in Household with Ages:		
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:		

Savings

## 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 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 (Birthdays and Holidays)	
Vacation	
Dining Out	
Entertainment	
Lottery Tickets	
Other:	



Credit Cards*		

TOTAL OUTSTANDING CREDIT CARD DEBT:

REMAINDER (Income Less Expenses):

TOTAL MONTHLY EXPENSES

<sup>\*</sup> Name only.