

Budget Sheet

Participant(s) Name:

Date:

We are about to create a savings and spending plan. Do you want it to reflect just your own finances, or the finances of your whole household?

MONTHLY INCOME					
	Participant 1	Participant 2		Participant 1	Participant 2
Wages (before taxes)	_____	_____	Worker's Compensation	_____	_____
Wages (after tax) Net	_____	_____	Veteran's Compensation	_____	_____
Self Employment	\$0.00	_____	Rental income	_____	_____
SSI/SSDI	_____	_____	Income from other household members	_____	_____
Food Stamps/WIC	\$0.00	_____	Interest/Investment Income	_____	_____
Other Public Benefits	_____	_____	Other Income	_____	_____
Alimony/Child Support	_____	_____	Total Monthly Income	\$0.00	_____
Unemployment	_____	_____	Total Household Monthly Income	\$0.00	_____

MONTHLY EXPENSES					
Rent, Taxes & Home Maintenance		Amount	Health-Related	Total	Amount
Rent	_____	_____	If not deducted from paycheck, Health Insurance	_____	_____
Renter's Insurance	_____	_____	If not deducted from paycheck, Dental Insurance	_____	_____
Other	_____	_____	Life Insurance (pro-rate if not paid monthly)	_____	_____
Total Housing Expenses	_____	_____	Monthly Medical & Prescription Bills	_____	_____
Utilities	_____	_____	Other	_____	_____
Gas/Heating	_____	_____	Credit Card/Loan Payments	_____	_____
Electric	_____	_____	Revolving Credit Cards	_____	_____
Water	_____	_____	Student Loans	_____	_____
Trash	_____	_____	Consumer Loans - Active	_____	_____
Sewer	_____	_____	Liens/Judgements	_____	_____
Phone (landline)	_____	_____	Other	_____	_____
Cell phone	_____	_____	Food	_____	_____
Other	_____	_____	Groceries	_____	_____
Transportation	_____	_____	Other Food (dining out, school lunch, etc.)	_____	_____
Vehicle 1 Payment	_____	_____	Personal Expenses	_____	_____
Vehicle 2 Payment	_____	_____	Cable/Internet	_____	_____
Vehicle 3 Payment	_____	_____	Laundry/Dry Cleaning	_____	_____
Gas	_____	_____	Tobacco & Alcohol	_____	_____
Car Insurance	_____	_____	Clothing & Accessories	_____	_____
Car Maintenance	_____	_____	Hair Products/Toiletries	_____	_____
Public Transportation	_____	_____	Beauty Salon/Barber Shop	_____	_____
Other	_____	_____	Recreation (movies, CD's, vacation, etc.)	_____	_____
Child/Dependent Related	_____	_____	Other	_____	_____
Childcare/Daycare	_____	_____	Miscellaneous Expenses	_____	_____
Child Support (paid)	_____	_____	Charitable Giving	_____	_____
Education - tuition, books, etc.	_____	_____	Pet Care	_____	_____
Other	_____	_____	Allowances for Children/Dependents	_____	_____
			Membership Dues (health club, licenses, etc.)	_____	_____
			Other	_____	_____
			Total Monthly Expenses	_____	_____

MONTHLY SURPLUS/DEFICIT	
Net Income	\$0.00

CREDIT AND ASSETS					
Credit Scores	Participant 1	Participant 2	Assets	Participant 1	Participant 2
Equifax	_____	_____	Checking	_____	_____
Experian	_____	_____	Savings	_____	_____
TransUnion	_____	_____	Retirement	_____	_____
			Other: Cash on hand	_____	_____

COUNSELOR USE ONLY: RATIOS					
Family Size	_____	_____	_____	_____	_____