

Monthly Household Budget Worksheet

Please complete this form below using you average monthly expenditures.

Income

Wages (client): _____

Wages (spouse): _____

Social Security: _____

Disability: _____

SSI: _____

SNAP/Food Stamps/WIC: _____

Child Support: _____

Alimony: _____

Other Gov't (VA, etc): _____

Pension/Retirement/Etc.: _____

Financial Aid/School: _____

Unemployment: _____

Worker's Comp: _____

LTD/STD: _____

Other: _____

Amount in Checking/Savings: _____

Expenses

Rent/Mortgage: _____

Electricity: _____

Natural Gas/Propane: _____

Water: _____

Phone: _____

Cell phone: _____

Cable/Internet: _____

Groceries: _____

Restaurants: _____

Car Payment: _____

Automobile Gas: _____

Medications/Vitamins: _____

Doctor/Dental Bills: _____

Life Insurance: _____

Health Insurance: _____

Homeowner's/Renter's Insurance: _____

Auto Insurance: _____

Total Expenses: _____

Total Income: _____

Total Income minus Total Expenses: _____

Please read and sign below:

I certify the information on this budget form to be true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only:

Case #: _____

Form updated 5/2020