

# BUDGET FORM

<b>SECTION 1: HOUSEHOLD INCOME / PUBLIC BENEFITS</b>	<b>TOTAL MEMBERS IN HOUSEHOLD: _____</b>
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Source	Amount
Wages	
SSI	
SSDI	
SSA	
VA Benefits	
Child Support	
TANF	
Alimony	
Retirement	
Utility Checks	
Other Cash Support	
<b>Total</b>	
Non-Cash Income	Yes / No
SNAP (deduct from grocery expense)	
Housing Voucher (deduct from housing expense)	
Medicaid	
Medicare	
WIC	
Other	

<b>SECTION 2: HOUSEHOLD EXPENSES</b>
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Source	Amount
Housing (Rent / Mortgage)	
Home Phone	
Cell Phone	
Internet / Cable	
Auto Payment(s)	
Auto Repairs / Maintenance / Gas	
Medications	
Doctor Co-Pays	
Water Bill	
Electricity / Gas Bill	
Food (Groceries)	
Insurances	
Loans	
Credit Cards	
Other	
<b>Total</b>	

Total **SECTION 1** Income:                   \$ \_\_\_\_\_

Less: Total **SECTION 2** Expenses:       (\$ \_\_\_\_\_)

Budget Overage or (Shortage):           \$ \_\_\_\_\_