



Monthly Budget Worksheet

Name of Applicant: _____

Date of Application: _____

Number of adults in household (18 years old or older): _____

Number of children in the household (below 18 years old): _____

MONTHLY INCOME	Monthly Amount
"Net Pay" (Take Home Pay after all deductions)	
Other Household Income:	
1)	
2)	
3)	
Income from Government (after all deductions)	
Social Security	
Disability	
Veterans Benefits	
Public Assistance/TANF	
Food Stamps	
Unemployment Insurance	
Other	
Child Support	
Alimony/Maintenance	
Total MONTHLY Income	
- Total MONTHLY Expenses	
Remainder	

MONTHLY EXPENSES	Monthly Amount
Home Expenses	
Rent or Mortgage Payment	
Utilities	
Cable/Internet/House Phone Cost	
Cell Phone Cost	
Food Cost	
Toiletries - Personal Care Costs	
Transportation	
Gasoline	
Bus/Train	
Car Loan Payment	
Car Insurance	
Debts/Loan Payments	
Credit Card Payments	
Repayment of Loans from Family/Friends	
Student/Education Loans	
Other Debt/Loan Payments	
Child Care Cost	
Laundry Services	
Medical/Dental Expense	
Religious Donations/Cost	
Entertainment	
Other Expenses (Please List)	
1)	
2)	
Child Support that YOU pay	
Alimony that YOU pay	
Total MONTHLY Expenses	