



Budget Worksheet

Name: _____

Date: _____

Are you responsible for paying all the bills (Circle One)	YES	NO
If not, who helps pays the bills:		

Write the dollar amount received that applies to each household member

Income/Assistance Received	Self	Spouse	Other Adult Living with you
Family Independence (TANF)			
Food Stamps (SNAP)			
Child Support			
SSA-Senior Benefits			
SSD- Disability Benefits			
SSI- all other benefits			
Retirement or Pension			
Unemployment			
Wages (to figure monthly-wkly x 4.3)			
Rental Assistance (HUD, Section 8)			
Utility Assistance			
Miscellaneous Income			
Total ALL Monthly Income:			

Please list all your bills this month or previous month.

	Description	Paid Monthly	Name of Company
House	Rent/Mortgage		
	Taxes		
	Insurance		
Utilities	Power		
	Water		
	Heat		
Other house hold	House Phone		
	Cell Phone		
	Cable/Satellite/Internet		
Auto	Insurance		
	Payment		
	Gas		
	Repairs		
	Licenses, Tax, & Tags		
Medical	Insurance		
	Out of Pocket		
Life Insurance			
Personal	Food (after SNAP)		
	Laundry		
	Clothing		
	Household Supplies		
Obligations	Loans		
	Loans		
	Credit Cards		
	Credit Cards		
	Other		
Debts	Child Care (paid)		
	Child Support (paid)		
	Alimony		
Other			
Total All Monthly Bills:			
Savings or Other Assets			
Other Assets			