

MONTHLY HOUSEHOLD BUDGET

Name: _____ Date: _____

Size of Household: _____ Number of Employable Household Members: _____

MONTHLY EXPENSES

MONTHLY AMOUNTS

Rent/House Payment	_____
Utilities	_____
Telephone	_____
Internet/TV	_____
Food (what you spend <i>after</i> SNAP, if any)	_____
Childcare / Child Support	_____
Medical Bills / Health Insurance	_____
Car Payment(s) List total of ALL	_____
Car Insurance	_____
Gasoline / Public Transportation	_____
Tuition	_____
Loan(s) – include Travel Loan	_____
Credit Card Payment(s) List ALL	_____
Clothing / Toiletries	_____
Other- Please specify: _____	_____

TOTAL MONTHLY EXPENSES:	_____
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MONTHLY INCOME/RESOURCES

MONTHLY AMOUNTS

Total Household Wages	_____
TANF / RCA	_____
Matching Grant	_____
SSI / Disability	_____
Unemployment Benefits	_____
Child Support	_____
Financial Aid (FAFSA)	_____
Other- Please Specify: _____	_____

TOTAL MONTHLY INCOME/RESOURCES:	_____
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Income \$ _____
- Expenses \$ _____
= Disposable \$ _____