

Monthly Budget Worksheet

INCOME

Employment	
Unemployment Benefits	
SSI	
SSDI	
SSA (Survivor) Benefits	

TOTAL MONTHLY INCOME:

EXPENSES

SHELTER	
Rent	
UTILITIES	
Electric	
Water	
Gas	
GROCERIES	
Food	
Cleaning Supplies	
Personal Care	
TRANSPORTATION	
Car Payments	
Car Insurance	
Gas	
Maint. & Fees	
Bus Pass/STS	

PERSONAL	
Cell Phone	
Landline Phone	
Cable / Satellite / Internet	
Storage Unit	
Child Support	
School Expenses	
Pet Supplies / Vet Exams	
Coins for Laundry	
HEALTH	
Doctor	
Dentist	
Prescriptions	
Student Loans	
Medical Debt	
Evictions	
Other:	<input type="text"/>
TOTAL MONTHLY EXPENSES:	<input type="text"/>

DEBT

Credit Cards	
Furniture Debt	
Phone Debt	

SAVINGS

Savings Account	
Other:	<input type="text"/>

TOTAL MONTHLY INCOME: ()

Date of Evaluation: _____ / _____ / _____
 (minus) **TOTAL MONTHLY EXPENSES:** ()

TOTAL AVAILABLE INCOME: ()

Budget Shortage: