

Your Name _____

Spouses Name (if applicable) _____

MONTHLY BUDGET WORKSHEET

Please fill out this worksheet and bring your most recent proof of pay with you.

INCOME

Your monthly take-home pay: \$ _____

Spouse's monthly take-home pay: \$ _____

Other monthly income and source: \$ _____

TOTAL MONTHLY NET INCOME

EXPENSES

Rent/Mortgage/Lot Rent \$ _____

Electric Heat Water Telephone Trash \$ _____

Food (\$200.00 per person) Number in Household \$ _____

Clothing \$ _____

Newspapers/Periodicals/Books/School Books \$ _____

Medical/Rx Expenses \$ _____

Auto Insurance _ Other Insurance (not deducted from pay) \$ _____

Gasoline for Transportation \$ _____

Any Taxes (not deducted from pay) \$ _____

Alimony/Support/Maintenance (not deducted from pay) \$ _____

Child Care \$ _____

Other (specify) \$ _____

TOTAL MONTHLY EXPENSES

Do you have your own business? No Yes

If yes, business name

Have you ever had your own business? No Yes

CREDITORS

(Include mortgages and auto loans)

Please list of all of your creditors and the total amount that you owe them on the back:

