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| BUDGET WORKSHEET |
| This worksheet is strictly confidential and is used solely for the purpose of assisting with personal financial planning and determining need to receive TRAC support services. |

### NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AVERAGE MONTHLY EXPENSES** | |
| **SOURCE** | **AMOUNT** |
| Rent/Mortgage (total) |  |
| Utilities (gas, electric, water, etc.) |  |
| Food (total) |  |
| Transportation (gas, bus, auto repairs) |  |
| Tickets Owed |  |
| Child Care (total) |  |
| Phone (inc. cell, pager, internet) |  |
| Ms. Household/Personal items |  |
| Medical/Dental/Prescriptions |  |
| Insurance Payments (Monthly) (Auto/Health/Life) |  |
| Credit Card Min. Payment |  |
| Student Loan Payment (Monthly) |  |
| Other Loan Payments (Monthly) |  |
| Clothing |  |
| Cigarettes |  |
| Cable |  |
| Other (Specify): |  |
| Child Support Payments |  |
| Legal Payments/Fines |  |
| Savings |  |
| **Total Monthly Expenses** |  |

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| AVERAGE MONTHLY INCOME | |
| SOURCE | AMOUNT |
| Wages/Salary (after taxes) |  |
| Food Stamps |  |
| Housing Subsidy |  |
| Grant Amount |  |
| Childcare Subsidy |  |
| Child Support Received |  |
| Other Income \_\_\_\_\_\_\_\_\_\_\_ |  |
| **Total Monthly Income** |  |

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| AVERAGE MONTHLY BUDGET | |
| Total Income |  |
| Total Expenses |  |
| Monthly Balance |  |

**\*Large Debt Totals** (example: credit card balances, car loans, back child support, tickets and fines, other loans, etc.)

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| I certify that the above budget worksheet is true and accurate to the best of my knowledge: |
| Signature of Participant Date |
| Signature of Interviewer Date |

<ORIGINAL TO HCA PROGRAM DIRECTOR> ●SUPPORT SERVICES TAB● BDGT. SHEET● Rev. 11/1/12●