

**Monthly Budget Worksheet**

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Number of Children Living in Household: \_\_\_\_\_

**Have you applied to other organizations for financial assistance?** \_\_\_\_\_

*Please provide the names of the organizations and specify whether they assisted you or not.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>Income</u>	<u>Amount</u>	<u>Notes (if Applicable)</u>
Active Duty Pay / DoD Retirement	\$	
VA Disability Compensation	\$	
SCAADL / VA Caregivers	\$	
Food Stamps / State Aid	\$	
Social Security	\$	Veteran:      Dependents:
School Benefits (GI Bill/Voc Rehab/Financial Aid)	\$	
Child Support	\$	
Veteran Employment	\$	Hourly Pay:      Hours:
Spouse Employment	\$	Hourly Pay:      Hours:
Unemployment	\$	
Special Pay	\$	
Other Income	\$	
<b>Total Monthly Income</b>	\$	
<u>Expenses</u>		
Rent / Mortgage	\$	
Vehicle Payment	\$	How many:
Vehicle Insurance	\$	
Electric	\$	
Water / Sewer / Garbage (total)	\$	
Gas / Propane for Home	\$	
Cable / Internet / Home Phone	\$	
Cell Phone	\$	
HOA Fees	\$	
Food	\$	
Medical (co-pays, prescriptions, etc.)	\$	
Personal Needs	\$	
Gas (vehicle)	\$	
Child Care Payments	\$	
Child Support Payments	\$	
Legal Fees	\$	
Dining Out / Entertainment	\$	
Monthly Credit Card Payments	\$	How many:
Monthly Student Loan Payments	\$	How many:
Monthly Personal Loan Payments	\$	How many:
Monthly Allocated to Savings	\$	
Other	\$	
<b>Total Monthly Expenses</b>	\$	
<u>Difference</u>		
Total Income	\$	
Total Expenses	\$	
Monthly Surplus / Deficit	\$	