



Name: _____

Date: _____

Budget Form

Section 1: Monthly income

	Last month	This month	Next month
Applicant's take home pay			
Spouse's take home pay			
Unemployment/disability income			
Total monthly income			

Section 2: Monthly expenses

	Last month	This month	Next month
Rent or mortgage			
Taxes (homeowner)			
Utilities: PG&E			
Utilities: water, garbage			
Telephone/cell phone			
Food/toiletries (not covered by food stamps)			
Health insurance			
Medical needs (prescriptions, doctor visits, etc.)			
Car payments			
Auto insurance			
Transportation (bus, gas, tolls, parking)			
Child care			
Clothing			
Cleaning/laundry			
Installment payments (credit cards, loans)			
Cable television			
Miscellaneous (cigarettes, entertainment, etc.)			
Total monthly expenses			

Section totals

Total income (from Section 1)			
Less total expenses (from Section 2)			
Monthly balance			