

Monthly Budget Worksheet Income

Employment Income

Employer	Net Income	Pay Frequency (circle one)	CHP USE ONLY
Job 1:	_____	weekly bi-weekly bi-monthly monthly	
Job 2:	_____	weekly bi-weekly bi-monthly monthly	
Job 3:	_____	weekly bi-weekly bi-monthly monthly	
Job 4:	_____	weekly bi-weekly bi-monthly monthly	
Total Monthly Employment Income:			

Other Income

Source	Net Income	Pay Frequency (circle one)	CHP USE ONLY
Social Security 1	_____	weekly bi-weekly bi-monthly monthly	
Social Security 2	_____	weekly bi-weekly bi-monthly monthly	
Disability	_____	weekly bi-weekly bi-monthly monthly	
Veteran's Benefits	_____	weekly bi-weekly bi-monthly monthly	
Unemployment	_____	weekly bi-weekly bi-monthly monthly	
Worker's Compensation	_____	weekly bi-weekly bi-monthly monthly	
Child Support	_____	weekly bi-weekly bi-monthly monthly	
Food Stamps	_____	weekly bi-weekly bi-monthly monthly	
TANF	_____	weekly bi-weekly bi-monthly monthly	
Total Monthly Employment Income:			
Total of all Monthly Income:			

Please complete other side.

Monthly Budget Worksheet

Average Monthly Expenses

Home Expenses	Amount Per Month
First Mortgage	_____
Second Mortgage	_____
Homeowner's Insurance (if not included in mrtg.)	_____
Taxes (if not included in mrtg.)	_____
Electric	_____
Gas	_____
Water	_____
Home Phone	_____
Cell Phone	_____
Cable	_____
Internet	_____
Other Expenses	_____
Sub-Total:	_____

Transportation Expenses	Amount Per Month
Car Payment 1	_____
Car Payment 2	_____
Auto Insurance	_____
Gasoline	_____
Car Repairs	_____
Bus Fare	_____
Other Expenses	_____
Sub-Total:	_____

Medical Expenses	Amount Per Month
Doctor Visits	_____
Medication	_____
Dentist Visits	_____
Medical Bills	_____
Sub-Total:	_____

Monthly Living Expenses	Amount Per Month
Groceries	_____
Dining Out	_____
Food at Work	_____
School lunches	_____
School Tuition/Fees	_____
Childcare	_____
Child Support/Alimony	_____
Clothing	_____
Church Tithes/Donations	_____
Tobacco/Alcohol	_____
Life Insurance	_____
Medical Insurance	_____
Other Expenses	_____
Toiletries	_____
Sub-Total:	_____

Other Debts	Amount Per Month
Credit Card 1	_____
Credit Card 2	_____
Credit Card 3	_____
Student Loans	_____
Debt Mgmt./Bankruptcy	_____
IRS Payments	_____
_____	_____
_____	_____
_____	_____
Sub-Total:	_____

**Do not include items deducted from your paycheck.
Please complete other side.**

Total of all Expenses: