

Coast Guard Mutual Assistance

Budget Form Page 1 of 3

Instructions: As you move though the form totals fields will update as you enter information. Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. Attach a LES or pay stub for each source of income. **Include** any anticipated changes in your income (longevity, step increase, advancement, bonus, etc.) **Do not** include allotment deductions from your pay. When finished, print the completed pages and return them, along with your application for assistance and supporting documents, to your local CGMA Representative.

		Monthly	/ Income			
		App	licant			
Primary Inc			Secondary Income			
	Current	Planned	Current Planned			
Gross Income		<u></u>	Gross Income			
Less Deductions			Less Deductions			
Taxes			Taxes			
Garnishments			Garnishments			
Advances (Show End Date Below)			Advances (Show End Date Below)			
Other Deductions (Explain Below)			Other Deductions (Explain Below)			
Total Deductions			Total Deductions			
Net Income			Net Income			
		use/Other F	Family Members			
Primary Inc			Secondary Income			
_	Current	Planned	<u> </u>	Current	Planned	
Gross Income		<u> </u>	Gross Income			
Less Deductions			Less Deductions			
Taxes			Taxes			
Garnishments			Garnishments			
Advances (Show End Date Below)			Advances (Show End Date Below)			
Other Deductions (Explain Below)			Other Deductions (Explain Below)			
Total Deductions			Total Deductions			
Net Income		<u></u>	Net Income			
Other Inco		Disamod	Total Income			
Allers (Dansing)	Current	Planned	1			
Alimony (Received)	<u> </u>	<u> </u>	1	2	5 1	
Child Support (Received)		<u> </u>	<u> </u>	Current	Planned	
Social Security		iL	Total Gross Income		<u> </u>	
Disability			Plus Other Income			
VA			Less Deductions			
Public Assistance			1			
Investment Income			Net Income			
Rental Income			1			
Other Income (Explain Below)		 	1			
Total Other Income	 	 	1			
Total Calc. mosnie			1			
Comments:			<u></u>			



Coast Guard Mutual Assistance

Budget Form Page 2 of 3

Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Include** any anticipated changes in your expenses. **Do not** include expenses in more than one category. **Do not** include expenses that are included as part of another payment.

Monthly Expenses							
Housing Expenses			Family Living Expenses				
	Current	Planned		Current	Planned		
Rent/Mortgage			Food/Groceries/Household Items				
Electric			Clothing				
Heating Oil/Natural Gas			Child Care				
Water/Sewage/Garbage			Barber/Beauty Shop				
Homeowners/Renters Assn Fees			Personal Care Items				
Other (Explain Below)			Telephone/Cell Phone/Pager				
Total Housing Expenses			Cable/Satellite TV				
			Internet Access Fees				
Transportation Expenses			Laundry/Dry Cleaning				
	Current	Planned	Recreation/Entertainment				
Gasoline			School Supplies and Expenses				
Repairs and Maintenance			Newspapers/Magazines				
Tolls/Parking/Fees			Work/School Lunches				
Inspections			Medical/Dental Care				
Other (Explain Below)			Other (Explain Below)				
Total Transportation Expenses			Total Family Living Expenses				
	<u></u>		<u> </u>				
Other Expe	nses		Insurance (not included as part of other payments)				
·	Current	Planned	 	Current	Planned		
Alimony (Paid)			Life				
Child Support (Paid)			Heath Medical/Dental				
Charity Contributions			Disability				
Gifts/Holidays (Avg. Monthly Amt.)			Automobile				
Pets/Vet/Kennel/Food/Misc.			Homeowner/Renter				
Organizations/Clubs Fees/Dues			Other (Explain Below)				
Property and Personal Taxes			Total Insurance Expenses				
CDs/Tapes/Videos/DVDs			1				
Other (Explain Below)			Total Expenses and	Expenditures	i		
Total Other Expenses			1	Current	Planned		
			Housing				
Savings and Investments			Family Living				
3	Current	Planned	Transportation				
Savings (Short Term)			Insurance				
Savings (Long Term)			Other Expenses				
Investments TSP/401k/403b etc.			Savings and Investments				
Other Investments			Total Expenses				
Total Savings and Investments	i i						
Comments:	_		<u> </u>				
Comments:							



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Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Installment Loans: Include** credit card, automobile and other monthly loan payments. **Do not** include mortgage payments or other payments which have been included elsewhere. **Assets/Savings:** List all assets, indicate which assets are and are not readily available to use (due to fees, penalties, lost interest etc).

		Insta	Ilment Lo	ans			
Payee	Purpose of Loan	Date Incurred	Interest Rate	Original Amount	Balance Owed	Monthly Payment Current Planned	
							T
Total							<u> </u>
			1				
Asse	ets/Savings				Summa	ry	
0 1	Available	Not Available					
Cash							
Checking						Current	Planed
Savings				(Dans 4)			11
Emergency Funds Certificates of Deposit			Net Income	Page 1)			
Christmas Clubs etc.			Less:				
Savings Bonds			Expenses	(Page 2)			<u></u>
Stocks				(Page 2) t Payments (Page 3)		
Bonds			Ilistallileli	t Fayineins (rage 3)		
Mutual Funds			Monthly Su	rolus or (De	eficit)		T T
Retirement(401k/IRA/TSP)				i piuo oi (B	onoit,		
Education Accounts							
Real Estate/Property							
Other Assets							
	<u> </u>	<u> </u>					
Total							
Note: Indicate below why	y an asset is not a	ıvailable	i				
Comments:			/ <u>-</u>				