

### MONTHLY BUDGET FORM

Name of Client: \_\_\_\_\_ CYCIS #: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Month for which Budget is Completed: \_\_\_\_\_

Note: If an uneven Youth Housing Assistance subsidy disbursement is requested, a separate budget form for each month that you expect the income to change must be submitted.

#### INCOME

(Employer: \_\_\_\_\_) Earned Income \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_

(Source: \_\_\_\_\_) Subsidy \$ \_\_\_\_\_

(Source: \_\_\_\_\_) Other \$ \_\_\_\_\_

(Source: \_\_\_\_\_) Other \$ \_\_\_\_\_

**Income Total** \$ \_\_\_\_\_ **A**

Food Stamps \$ _____ (not included in income or expenses)
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Savings \$ _____ (not included in income or expenses) (include bank accounts or any other savings)
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#### EXPENSES

Rent \$ \_\_\_\_\_

Cooking/Heating Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Food (cash, not Food Stamps) \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Household/Cleaning Items \$ \_\_\_\_\_

Laundry \$ \_\_\_\_\_

Personal Hygiene \$ \_\_\_\_\_

Diapers/Baby Care \$ \_\_\_\_\_

Health \$ \_\_\_\_\_

Clothes \$ \_\_\_\_\_

School Needs \$ \_\_\_\_\_

Toys/Books \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_

Cigarettes \$ \_\_\_\_\_

(Specify \_\_\_\_\_) Other Payments \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

**Expenses Total** \$ \_\_\_\_\_ **B**

#### TOTAL

**Income minus Expenses** \$ \_\_\_\_\_ **A-B**

(Please provide an explanation of how needs will be met if expenses exceed income.)  
(If income covers expenses, the money remaining should be saved in case of a future crisis.)