

MONTHLY BUDGET

Name: _____

Date: _____

EXPENSE	DESCRIPTION	AMOUNT
Rent		
Gas		
Water		
Electricity		
Phone		
Internet/Cable		
Groceries		
Clothing/hygiene/misc.		
Bus Fare		
Car Payment		
Car Insurance		
Gas		
Medical (explain, i.e. copays, etc.)		
Child Care		
Other: _____		
Other: _____		
	TOTAL MONTHLY EXPENSES:	\$
INCOME		
Employment		
SSI/SSDI		
GA		
Food Stamps		
Other: _____		
Other: _____		
	TOTAL MONTHLY INCOME:	\$
	BALANCE:	\$