

## **Army Emergency Relief (AER) Budget Sheet**

Name:										
					AER Client ID	:				
Comple	te blocks 1 through 8 ensuring b	lock 8 refle	cts a balance.							
1	MONTHLY EXPENDITURES		AMOUNT	2	MON	MONTHLY INCOME (GROSS)			AMOUNT	
а	Food			а	Military/Retired Pay					
b	Rent or Mortgage			b	Civilian Salary/Earnings					
С	Utilities - Electric			С	Social Security Ret (SM)					
d	Utilities - Heat - Oil/Gas			d	Social Security Disability (SM)					
е	Phone			е	VA Disability					
f	Phone/TV/Cable			f	CRSC					
g	Water/Sewer/Garbage			g	Spouse's Salary/Earnings					
h	Clothing			h	Social Security Ret (Spouse)					
i	Incidentals/Supplies			i	Social Security Disability (Spouse)					
j	Dental/Medical			j	Caretaker Stipend					
k	Transportation			k	Dependency and Indemnity Comp (DIC)					
	Recreation & Church			ı	Survivor Benefit Plan (SBP)					
m	Insurance - Life			m	FGSLI (payments received)					
n	Insurance - Health			n	VA Widow Tax Pension					
0	Insurance - Car			0	Help from other Family Members					
р	Insurance - Home/Renter's			р	Investment Income					
q	Child Care			q	Food Stamps/WIC					
r	Child Support			r	Social Security (children)					
S	Garnishment		<b>#0.00</b>	S	GI Bill (Spouse/SM/Children)					
t	TOTAL MONTHLY EXPENDITURES	tal Indebtedness from block 3f \$0.0		t	Income: Other TOTAL MONTHLY INCOME					
1t	(block 6)		\$0.00	2t	(block 5)	HLT INCOIVIE				\$0.00
	INDEBTEDNESS (Transfer amount montly payments from block 3f to block 1t)									
	IIIADED LEDINESS (Transier annount	montiy payn	nents from bloc	K ST t	o block 1t)					
3		DATE	ORIGINAL		-	MONTHLY	DATE LAST	BA	LANCE	DATE
3	CREDITOR				URPOSE	MONTHLY AMOUNT	DATE LAST PYMT		LANCE DUE	DATE VERIFIED
<b>3</b>		DATE	ORIGINAL		-					
		DATE	ORIGINAL		-					
а		DATE	ORIGINAL		-					
a b		DATE	ORIGINAL		-					
a b c		DATE	ORIGINAL		-					
a b c d		DATE	ORIGINAL	P	PURPOSE	AMOUNT				
a b c d	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	P	PURPOSE	AMOUNT	PYMT		DUE	
a b c d	CREDITOR  DEDUCTIONS FROM SM'S PAY (INC	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	P	PURPOSE	\$0.00	PYMT		\$0.00	VERIFIED
a b c d e <b>3f</b>	DEDUCTIONS FROM SM'S PAY (INC	DATE INCURRED	ORIGINAL AMOUNT	THLY	PAYMENTS	AMOUNT	PYMT		DUE	VERIFIED
a b c d e	DEDUCTIONS FROM SM'S PAY (INC	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	P	PAYMENTS	\$0.00	PYMT		\$0.00	VERIFIED
a b c d e <b>3f</b>	DEDUCTIONS FROM SM'S PAY (INC ITEM Fed Income Tax Social Security (FICA)	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	THLY	PAYMENTS TSP Other	\$0.00	PYMT		\$0.00	VERIFIED
a b c d e <b>3f</b>	DEDUCTIONS FROM SM'S PAY (INC	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	FHLY	PAYMENTS  TSP Other Other Allotn	\$0.00	PYMT		\$0.00	VERIFIED
a b c d e 3f 4 a b	DEDUCTIONS FROM SM'S PAY (INC ITEM Fed Income Tax Social Security (FICA)	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	FHLY	PAYMENTS TSP Other	\$0.00	PYMT		\$0.00	VERIFIED
a b c d e 3f 4 a b c	DEDUCTIONS FROM SM'S PAY (INC ITEM Fed Income Tax Social Security (FICA) Medicare	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	FHLY	PAYMENTS  TSP Other Other Allotn	\$0.00  ITEM  ment 1 ment 2	PYMT		\$0.00	VERIFIED
a b c d e 3f 4 a b c d	DEDUCTIONS FROM SM'S PAY (INC ITEM Fed Income Tax Social Security (FICA) Medicare State Income Tax	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	FHLY  g h i j	PAYMENTS  TSP Other Other Allotn	\$0.00  ITEM  nent 1 nent 2 nent 3	PYMT		\$0.00	VERIFIED
a b c d a b c d e e	DEDUCTIONS FROM SM'S PAY (INC ITEM  Fed Income Tax  Social Security (FICA)  Medicare  State Income Tax  Insurance (SGLI/TSGLI/FSGLI)	DATE INCURRED	ORIGINAL AMOUNT  TOTAL MONT	FHLY  g h i j	PAYMENTS  TSP Other Other Allotr Other Allotr	\$0.00  ITEM  nent 1 nent 2 nent 3 nent 4	PYMT		\$0.00	VERIFIED
a b c d e 3f 4 a b c d e f 4m	DEDUCTIONS FROM SM'S PAY (INC ITEM  Fed Income Tax  Social Security (FICA)  Medicare  State Income Tax  Insurance (SGLI/TSGLI/FSGLI)	DATE INCURRED	TOTAL MONT  ROSS PAY)  AMOUNT	FHLY  g h i j	PAYMENTS  TSP Other Other Allotr Other Allotr	\$0.00  ITEM  nent 1 nent 2 nent 3 nent 4	TOTAL DUE		\$0.00	VERIFIED
a b c d e f 4m 5	CREDITOR  DEDUCTIONS FROM SM'S PAY (INC ITEM  Fed Income Tax Social Security (FICA)  Medicare State Income Tax Insurance (SGLI/TSGLI/FSGLI) Dental Plan  TOTAL MONTHLY INCOME (amour	DATE INCURRED  CLUDED IN G	TOTAL MONT  ROSS PAY)  AMOUNT	FHLY  g h i j	PAYMENTS  TSP Other Other Allotr Other Allotr	\$0.00  ITEM  nent 1 nent 2 nent 3 nent 4	TOTAL DUE		\$0.00	\$0.00 \$0.00
a b c d e 3f 4 a b c d e f 4m	CREDITOR  DEDUCTIONS FROM SM'S PAY (INC ITEM  Fed Income Tax Social Security (FICA) Medicare State Income Tax Insurance (SGLI/TSGLI/FSGLI) Dental Plan	DATE INCURRED  CLUDED IN G  ant from Box a gamount	TOTAL MONT  ROSS PAY)  AMOUNT	FHLY  g h i j	PAYMENTS  TSP Other Other Allotr Other Allotr	\$0.00  ITEM  nent 1 nent 2 nent 3 nent 4	TOTAL DUE		\$0.00	VERIFIED  T  \$0.00