

HOUSEHOLD BUDGET SHEET
(Income less than \$465.00/month* and no Food Stamps)

Total Household Monthly Income: 1.

Household Expenses:

Rent	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Utilities:		
Electric	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Water/Gas	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Phone	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Cable	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Food	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Child Care	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Laundry	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Personal Expenses (Soap, toothpaste, etc.)	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Entertainment	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Cell Phone	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Clothing	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Car Pmt. /Insurance	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Gas	\$	<hr style="border: 0; border-top: 1px solid black;"/>
Other (Medical, dues, transportation, lunch money, etc.)	\$	<hr style="border: 0; border-top: 1px solid black;"/>

Total Household Monthly Expenses 2.

Total Income Minus Expenses 3.

IF EXPENSES ARE MORE THAN THE INCOME, PLEASE EXPLAIN HOW YOUR HOUSEHOLD IS MANAGING: *(Use additional sheet if necessary)*

Client Signature

LIHEAP Staff Signature

*\$465 figure is equal to 50% of the Federal Poverty Income Level Guideline.