



Client Budget Sheet

Client Name: _____ **ID#** _____

Monthly Expenses

Expenses	Amount	Amount Owing
Rent/Mortgage Payment	\$	\$
Utility/Power	\$	\$
Utility/ Gas	\$	\$
Phone Home/ Cell	Home \$ Cell\$	Home \$ Cell\$
Car Payments	\$	\$
Car Insurance	\$	\$
Fuel	\$	\$
Food	\$	\$
Health Insurance	\$	\$
Medical Expenses	\$	\$
Medication	\$	\$
Child Care	\$	\$
Alcohol/Tobacco	\$	\$
Entertainment	\$	\$
Cable/Dish	\$	\$
Fines/Tickets	\$	\$
Loans	\$	\$
Credit Cards	\$	\$

Monthly Income

Sources Of Income	Amount
Personal Employment	\$
Spouse/Partner Employment	\$
Child Support	\$
Alimony	\$
TANF/ Cash assistance	\$
Food Stamps/Horizon Card	\$
Disability	\$
Social Security	\$
Unemployment	\$
Other	\$

Total Monthly Income\$ _____ **Total Expenses**\$ _____ = \$ _____

Review Date _____ **Staff Initials** _____