



Budget Form

Participant Name _____

Number of Adults in Family: _____

Number of Children in Family: _____

Source	Current	Projected
TANF		
SSI/SSDI		
Financial Aid		
Food Stamps		
Alimony		
Child Support		
Unemployment		
Take Home Pay		
Family Help		
Other		
Other		
Other		
Total Other		
Total Net Income		

Item	Current	Projected
House Payment		
Electric Bill		
Gas Bill		
Water Bill		
Sewage Bill		
Phone Bill		
Cable TV Bill		
Grocery Bill		
Food Eaten Out		
Medicine/Drugs		
Laundry/Dry Clean		
Insurance-Life		
Insurance-Home		
Insurance-Health		
Insurance-Auto		
Public Transp		
Auto Gas		
Auto Maint		
Clothing		
Entertainment		
Child Support		
Child Care		
Savings		
Credit Card Payments		
Car Payments		
Loan Payments		
Medical Bills		
Dental Bills		
Other		
Other		
Other		
Total Other		
Total Expenses		

Financial Analysis Summary

Total Current Net Income: \$ _____

Less Total Current Expenses: \$ _____

Equals (-Neg/+Pos) Remainder: \$ _____

Total Projected Net Income: \$ _____

Less Total Projected Expenses: \$ _____

Equals (-Neg/+Pos) Remainder: \$ _____

Customer's Gross Hourly Wage needed to be self sufficient: \$ _____

Is the customer earning enough now to cover

Total Current Expenses? Yes No

Will the customer be earning enough when TANF/Training

ends to cover Total Projected Expenses? Yes No

If Answer is "No," note Action to be taken:

Customer Signature: _____

Date Prepared: _____

Staff Signature: _____

Date Prepared: _____

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