

Date: _____

Monthly Budget Worksheet

****Please put actual cash amount****

Monthly Cash Income

Earned Income _____

Unemployment Insurance _____

SSI or SSDI _____

Veteran's Disability Payment _____

Private Disability Insurance _____

Worker's Compensation _____

KTAP _____

General Assistance _____

Social Security _____

Veteran's Pension _____

Pension (former job) _____

Child Support _____

Alimony/ Spousal Support _____

Other Income Source _____

Off-the- Record Income _____

TOTAL CASH INCOME _____

Non-Cash Benefits

Food Stamps _____

WIC _____

TOTAL NON-CASH INCOME _____

Monthly Expenses

Rent _____

Gas _____ Electric _____

Water/Sanitation _____

Mortgage _____

Insurance _____

Land Phone/Cell Phone _____

Internet _____

Cable _____

Non FS Grocery _____

Eating Out _____

Household Supplies _____

Diapers _____

Child Care _____

School Fees/Supplies _____

Laundry _____

New Clothes/Shoes _____

Car Payments _____

Car Insurance _____

Gasoline (for transportation) _____

Bus Pass/Tokens _____

Medical (RX) _____

Miscellaneous _____

Payment on Past Due Bills _____

TOTAL EXPENSES

<u>*SUMMARY*</u>		
MONTHLY INCOME (-) MONTHLY EXPENSES = TOTAL		
_____	- _____	= _____