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			

SUMMARY

MONTHLY INCOME (-) MONTLY EXPENSES = TOTAL

_____-_____=_____