

BUDGET WORKSHEET

Itemization of CURRENT income and expenses

Your Name: _____ Date: _____

Monthly Income from all sources: _____

Monthly deductions from paycheck(s):

State and federal income taxes _____

Social Security taxes _____

Health/dental insurance _____

Life insurance _____

Retirement contributions _____

Child support withholding _____

Other (itemize) _____

1 _____

2 _____

3 _____

MONTHLY NET INCOME: _____

Monthly expenses (continued):

Transportation expenses:

Vehicle loan _____

License _____

Vehicle taxes _____

Vehicle insurance _____

Vehicle maintenance _____

Gas and oil _____

Other (itemize)

1 _____

2 _____

3 _____

Debts (itemize):

1 _____

2 _____

3 _____

Vacations _____

Gifts _____

School _____

Other miscellaneous (itemize):

1 _____

2 _____

3 _____

TOTAL MONTHLY EXPENSES: _____

Monthly expenses:

Rent _____

Renter's insurance _____

Food _____

Utilities _____

Telephone _____

Cable _____

Clothing _____

Health and dental expenses

(not covered by insurance) _____

Personal care _____

Pet care _____

**PLEASE COMPLETE ALL INFORMATION
AND RETURN TO YOUR SUPERVISOR**

For office use only:

COMMENTS: _____

Supervision Officer's Signature _____

Date _____