

AMERICAN RED CROSS FAMILY BUDGET SHEET		Case Name:		SSN	Date	
Number in family: Adults		Children		Caseworker		
MONTHLY INCOME				MONTHLY EXPENSES		
1	MILITARY RETIREMENT NET (TAKE-HOME) PAY		18	FOOD/HOUSEHOLD/PET SUPPLIES		
2	Addition to Net Pay: SUPPORT ALLOTMENT to present family		19	RENT/MORTGAGE (Include taxes, insurance, HOA/condo fees)		
3	Addition to Net Pay: ALLOTMENT TO BANK ACCOUNT		20	ELECTRICITY		
4	RETIREE VA DISABILITY INCOME		21	HEAT (Gas, oil, other _____)		
5	SOCIAL SECURITY RETIREMENT INCOME		22	TELEPHONE/PAGER/CELL PHONE		
6	SOCIAL SECURITY DISABILITY INCOME		23	CABLE/SATELLITE TV		
7	SUPPLEMENTAL SECURITY INCOME		24	WATER/SEWAGE/GARBAGE (total all three)		
8	OTHER INCOME		25	CLOTHING (Estimate 1/12 annual expense)		
9	SPOUSE/WIDOW NET EARNINGS		26	PERSONAL NEEDS (Haircuts, dry cleaning, etc.)		
10	Spouse/Widow SOCIAL SECURITY RETIREMENT		27	TRANSPORTATION (fares/gas, oil, car maintenance)		
11	Spouse/Widow SOCIAL SECURITY DISABILITY INCOME		28	LIFE/BURIAL INSURANCE		
12	WIDOW Survivor Benefit Pension VA Survivor Benefit		29	NON-MILITARY MEDICAL INSURANCE		
3	OTHER FAMILY INCOME		30	HOMEOWNER/RENTER INSURANCE not reported on line 19		
14	INVESTMENT INCOME (Include rental income)		31	AUTOMOBILE INSURANCE (1/12 annual premium)		
15	PUBLIC ASSISTANCE (TANF*, food stamps, WIC, other)		32	MEDICAL/DENTAL CARE (Prescriptions, glasses)		
16	CHILD SUPPORT RECEIVED		33	RECREATION (e.g., dining out, movies, videos, youth activities)		
17	TOTAL MONTHLY INCOME (Total lines 1 through 16)		34	SCHOOL EXPENSES (Tuition, books/supplies, meals)		
OTHER ALLOTMENTS (Continue on additional sheet if necessary)			35	RELIGIOUS/CHARITABLE CONTRIBUTIONS		
Purpose/Payee		Duration	Payment	36 CHILD-CARE/NON-ALLOTTED CHILD SUPPORT		
				37 MISCELLANEOUS EXPENSES (e.g., Internet service)		
				38 TOTAL MONTHLY DEBT PAYMENTS (From line 40 below)		
				39 TOTAL MONTHLY EXPENSES (Total lines 15 through 38)		
MONTHLY INSTALLMENT DEBT PAYMENTS (NON ALLOTTED) e.g., credit card accts, than payment.s. etc.		Purpose	Date Debt Incurred	Original Purchase Price	Monthly Payment Amount	Date Last Payment Made
40	TOTAL MONTHLY DEBT PAYMENTS-----ENTER TOTAL HERE AND ON LINE 38 ABOVE					
41	TOTAL MONTHLY INCOME from line 17			GOVERNMENT INDEBTEDNESS		
42	TOTAL MONTHLY EXPENSES from line 39			Purpose	Duration	Payment
43	MONTHLY SURPLUS or DEFICIT Line 41 less line 42					
Has client filed for bankruptcy? Check one.			Yes	No	SAVINGS (cash, stock, bonds, etc.)	
If yes, which Chapter? Circle one.		Chapter 7	Chapter 11	Chapter 13	Description	Value
If Chapter 13, what is monthly payment?						
Note: trustee approval letter is required for chapter 13						

* Temporary Assistance to Needy Families (replaces Aid to Families with Dependent Children)