

# Budget Form

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

MONTHLY INCOME		MONTHLY EXPENSES	
Applicant Wages	\$	Rent or Mortgage	\$
Spouse Wages	\$	PG & E	\$
Other Income – Check Sources:		Water	\$
___ CalWORKS	\$	Garbage	\$
___ General Assistance	\$	Telephone	\$
___ SSI	\$	Food	\$
___ SDI	\$	Child Care	\$
___ Unemployment	\$	Medical	\$
___ Other	\$	Health Insurance	\$
		Car Payment	\$
Food Stamps	\$	Car Insurance	\$
Child Support	\$	Transportation	\$
		Clothing	\$
		Cleaning/Laundry	\$
		Toiletry/Personals	\$
		Cable Television/Internet	\$
		Cigarettes	\$
		Miscellaneous/Other	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>