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 maintenence)	
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 paymenLs. 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	Chapter11	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)