

# Individual Monthly Budget

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Telephone : \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

### Instructions

Please fill out **completely** and to the best of your ability. This will be used as an ongoing tool throughout the Diversion program.

Be certain that all expense / income figures are expressed as **MONTHLY** figures.

Be certain that all expenses relate to your household, not your business.

Income figures should be **NET** figures – what you actually get paid after taxes.

To **convert** from a **weekly** figure to a **monthly** figure multiply by 52 and divide by 12. Simply multiplying by 4 is not accurate – it results in a lower figure than the method above and, therefore, does not accurately represent the monthly financial status.

To **convert** from **yearly** to **monthly**, divide by 12.

To **convert** from **bi-monthly** (i.e., twice a month) to **monthly**, multiply by 2.

To **convert** from **every-other-week** to **monthly**, multiply by 26 and divide by 12. Simply multiplying by 2 is not accurate – it results in a lower figure than the method above and, therefore, does not accurately represent the monthly financial status.

If you listed expenses related to credit cards and/or loans other than auto or mortgage, please complete the table "Credit Card and Loan Detail".

Current  
Month/Year

<b>INCOME:</b>	____/____					
Wages and Bonuses						
Investment Income						
Disability						
Unemployment						
Alimony / Child Support						
Social Security (indicate name/amount/type)						
Welfare / Food Stamps						
Rental Properties						
Home Based business						
Other Income (indicate source and amount)						
Income Tax Return Due						
<b>TOTAL INCOME</b>						

<b>EXPENSES:</b>						
Home:						
Mortgage or Rent						
Homeowners/Renters Insurance						
Property Taxes						
Home Repairs / Maintenance / HOA dues						
Home Improvements						
Other:						
<b>Utilities:</b>						
Electricity						
Water and Sewer						
Natural Gas or Oil						
Telephone (Land Line, Cell)						
Other:						
<b>Food:</b>						
Groceries						
Eating Out, Lunches, Snacks						
Other:						
<b>Family Obligations:</b>						
Child Support / Alimony						
Day Care, Babysitting						
Child Student related expenses						
Other:						
<b>Health and Medical:</b>						
Insurance (medical, dental, vision)						
Insurance Co-Pay, Deductible						
Prescriptions						
Life Insurance Premiums						
Other:						
<b>Total Expenses 1</b>						

<b>EXPENSES (cont.):</b>						
Transportation:						
Car Payments						
Gasoline / Oil						
Auto Repairs / Maintenance						
Auto Insurance						
License / Registration / Reinstatement Fees						
Other:						
<b>Debt Payments:</b>						
Credit Cards*						
Student Loans*						
Medical Bills*						
Other Loans*:						
*Please complete detail table on last page and provide total for each category						
<b>Entertainment / Recreation:</b>						
Cable TV / Satellite						
Subscriptions and Dues						
Internet						
Other:						
<b>Pets:</b>						
Food						
Vet						
Other:						
<b>Investments and Savings:</b>						
401(k) or IRA						
Stocks / Bonds / Mutual Funds						
College Fund						
Savings						
Emergency Fund						
Other:						

