

# BUDGET ANALYSIS WORKSHEET



Client Name \_\_\_\_\_ Period \_\_\_\_\_ HUD # \_\_\_\_\_ Today's Date \_\_\_\_\_  
 AV # \_\_\_\_\_

INCOME					
TOTAL GROSS INCOME ( A )		\$ _____	TOTAL NET INCOME ( B )		\$ _____
EXPENSES		CURRENT	PLAN	SPENT	O/S
<b>HOUSING ( C )</b>					
HOUSE PAYMENT (Mortgage or Rent)					
PROPERTY TAX (Inc in Mtg Pymt - Yes/No)					
PROPERTY INS (Inc in Mtg Pymt - Yes/No)					
ELECTRICITY					
HEATING (GAS, OIL) 12 Month Avg					
WATER/SEWER					
HOME TELEPHONE NONE					
<b>Subtotal</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>DEBT/LIABILITIES ( D )</b>					
CREDIT CARDS					
PERSONAL LOANS					
AUTO LOANS					
OTHER					
<b>Subtotal</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>HOME MAINTENANCE ( E )</b>					
MONTHLY MAINTENANCE-ALLOTMENT					
CLEANING SUPPLIES					
LAWN CARE/POOL SERVICE					
PEST CONTROL					
REPAIRS					
OTHER					
<b>Subtotal</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>FOOD ( E )</b>					
GROCERIES					
FOOD AT WORK (Daily X 20 days)					
SCHOOL LUNCHEX 20 DAYS					
OTHER					
<b>Subtotal</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>SAVINGS ACCOUNTS ( E )</b>					
EMERGENCY FUNDS					
DOWN-PAYMENT SAVINGS FUND					
INVESTMENTS					
401K/RETIREMENT PLAN					
SAVINGS ACCOUNTS					
OTHER					
<b>Subtotal</b>		\$0.00	\$0.00	\$0.00	\$0.00

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<b>TRANSPORTATION/AUTOS ( E )</b>				
GASOLINE				
PARKING FEES				
AUTO REPAIRS/MAINTENANCE (Annual ÷ 12)				
LICENSE TAGS/REGISTRATION				
CAR INSPECTION				
BUS FARES				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>PERSONAL ( E )</b>				
PERSONAL ITEMS/TOILETRIES				
BARBER/BEAUTY SHOP				
TOBACCO				
ALCOHOLIC BEVERAGES				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>INSURANCE ( E )</b>				
AUTO INSURANCE (Annual ÷ 12)				
LIFE INSURANCE				
RENTER'S INS				
HEALTH INS				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>MEDICAL ( E )</b>				
DOCTOR VISITS (# of Individuals X Annual ÷ 12)				
MEDICATION				
DENTIST				
PRESCRIPTIONS				
EYE EXAMS				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>DEPENDENT CARE ( E )</b>				
ALLOWANCES FOR CHILDREN				
CHILD CARE				
CHILD SUPPORT/ALLIMONY				
DEATH IN FAMILY				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>CLOTHING ( E )</b>				
CLOTHING (Cost of Previous Year ÷ 12)				
LAUNDRY/DRY CLEANING				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00

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<b>GIFTS &amp; DONATIONS ( E )</b>				
BIRTHDAY GIFTS (Annual ÷ 12)				
HOLIDAY GIFTS				
CHURCH DONATIONS				
CHARITIES				
SPECIAL OCCATIONS (i.e. weddings)				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00

<b>EDUCATION ( E )</b>				
SCHOOL FEES (i.e. books, supplies, tuitions)				
SUBSCRIPTIONS (i.e. newspaper, magazines)				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00

<b>ENTERTAINMENT ( E )</b>				
MOVIE RENTALS/THEATERS				
CABLE TV & INTERNET				
SPORT EVENTS/HOBBIES				
VACATIONS				
EATING OUT				
GYM MEMBERSHIPS				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00

<b>MISC/OTHER ( E )</b>				
"MAD" MONEY				
PET SUPPLIES/CARE				
POSTAGE				
CHECKING ACCOUNT FEES/NSF				
PICTURES/PHOTO PROCESSING				
OTHER				
<b>Subtotal</b>	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL GROSS INCOME ( A ) \$ 0.00 \$0.00

TOTAL NET INCOME ( B ) \$ 0.00 \$0.00

LESS:

HOUSING ( C ) \$ 0.00 \$0.00

DEBT SERVICE ( D ) \$ 0.00 \$0.00

RECURRING EXPENSE ( E ) \$ 0.00 \$0.00

TOTALS of (C+D+E) \$ 0.00 \$0.00

**BUDGET SURPLUS OR SHORTFALL \$ 0.00 \$0.00**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Revised December 2007\*

