

Monthly Budget

Month: _____

	Income Sources	Amount
	Job / wages	\$
	SSI / SSDI	\$
	Child support received	\$
	Benefits / assistance	\$
	Other income	\$
	Other income	\$
	TOTAL INCOME	\$

	Expense	Amount	Due Date	Paid?
	Rent / housing	\$		■
	Electric / utilities	\$		■
	Phone	\$		■
	Food / groceries	\$		■
	Transportation / gas	\$		■
	Car insurance	\$		■
	Child support	\$		■
	Court fines / fees	\$		■
	Medications / copays	\$		■
	Program fees	\$		■
	Savings	\$		■
	Other	\$		■
	TOTAL EXPENSES	\$		
	WHAT'S LEFT (Income – Expenses)	\$		