

Monthly Budget Worksheet

Service Member /Veteran Name	DOB	Date	
Family/Spouse/Sig. Other Name	DOB	Care Coordinator	
INCOME	AMOUNT	EXPENSES	AMOUNT
Salary and Wages (civilian)		Auto – Car Payment/Lease	
Military Pay		Auto – Fuel	
VA Compensation		Auto – Insurance	
BAH		Child-Care	
Spouse Salary and Wages		Alcohol / Other Substances	
Social Security (Disability)		Child Support (not deducted from income)	
Social Security (Retirement)		Children’s activities/lessons/sports	
Pension/Retirement		Cigarettes	
Alimony/Child Support		Clothing purchases	
Real Estate/Rental Income		Minimum Credit Card payments	
Investment dividends		Food/Dining Out	
Unemployment		Food/Groceries	
Food Stamp/Public Assistance		Health/Dental Insurance	
Workers Comp		Homeowner’s/Renter’s Insurance	
		Property Taxes (not included in mortgage)	
		Life/Disability Insurance	
		Medical – Prescriptions	
		Medical Co-payments	
		Membership fees / subscriptions	
		Mortgage/Rent	
		Laundry	
		Personal Care	
		Pet Food / Care	
		Recreation	
		Savings (Rainy Day/Contingency Fund)	
		Student Loans	
		Other Loans	
		Tuition/School Supplies/ Hot Lunches	
		Utility - Cable TV	
		Utility - Cell Phone	
		Utility - Electric Bill	
		Utility – Gas/Oil Heat	
		Utility – Telephone (landline)	
		Utility – Trash Disposal	
		Utility – Water Bill	
		Utility – Wood	
		Storage	
		Alimony	
Total Income		Total Expenses	
SAVINGS	AMOUNT		
Total Savings			