

Budget Information Worksheet

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Type of Session: (Circle One) Credit Counseling Bankruptcy Dq. Mortgage/Rent \*\*E-Mail Address \_\_\_\_\_

MONTHLY LIVING EXPENSES		Monthly Expenses	For Counselor's Use Only
Housing	Rent/Mortgage		
	Second Mortgage		
	Association Dues		
Automobile	Property Taxes		
	Lot Rent		
	Gasoline		
Food	Maintenance/Oil/Tires		
	Registration/Taxes		
	Groceries		
Utilities	Dining Out		
	Food at Work		
	School Lunches		
Clothing	Electric/Gas		
	Water/Sewer/Trash		
	Telephone		
Insurance	Cellular Phone		
	Internet Service		
	Cable TV/Satellite		
Healthcare	Personal/School		
	Dry Cleaning/Laundry		
	Automobile		
Childcare	Medical		
	Life		
	Home/Renters		
TOTAL MONTHLY EXPENSES (page 1)	Prescriptions		
	Doctor Visits		
	Dentist Visits		
	Optical/Eye Glasses		
	Daycare/Babysitting		
	Allowances		
	Activities/Sports		
	Diapers		
	Child Support/Alimony		
TOTAL MONTHLY EXPENSES (page 1)			

Employment/Income Information:

Occupation \_\_\_\_\_

Employer/  
Address/  
Phone \_\_\_\_\_

How often are you paid? \_\_\_\_\_

Gross Income/Paycheck: \_\_\_\_\_

Net Income/Paycheck: \_\_\_\_\_

Spouse:

Occupation \_\_\_\_\_

Employer/  
Address/  
Phone \_\_\_\_\_

How often are you paid? \_\_\_\_\_

Gross Income/Paycheck: \_\_\_\_\_

Net Income/Paycheck: \_\_\_\_\_

Other Sources of Income:

Pension: \_\_\_\_\_

Social Security: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Welfare/Gov't Support: \_\_\_\_\_

Child Supp./Alimony: \_\_\_\_\_

Other: \_\_\_\_\_

(Explain) \_\_\_\_\_

TOTAL NET  
MONTHLY INCOME: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

Monthly Living Expenses Continued

MONTHLY LIVING EXPENSES		Monthly Expenses	For Counselor's Use Only
Installment Loans/Debt	Car Payment		
	Student Loans		
	Cosigned Loans		
	Bank Account Deductions		
	Taxes		
	Business Cards/Loans		
	Rent to Own or Other		
Charitable Donations	Tithes		
	Other		
Education	Tuition		
	Books		
	Supplies		
Leisure	Books/Newspapers		
	Movies/Entertainment/Netflix/Hulu		
	Gifts/Holidays		
	Travel		
	Alcohol/Tobacco		
	Fitness/Hobbies or Other		
Job Related Expenses	Tools/Clothes/Dues		
Miscellaneous	Home Maintenance		
	Home Cleaning		
	Parking/Bus Pass		
	Personal/Hair Care		
	Postage		
	Bank Charges		
	Pets		
TOTAL MONTHLY EXPENSES (page 2)			

Number of Dependents Under 18 \_\_\_\_\_

Ages of Dependents \_\_\_\_\_

RESIDENCE:

How long at address: \_\_\_\_\_

How long in area: \_\_\_\_\_

Choose one:

- Own Home
- Buying
- Renting
- Furnished Home
- Other

Explain: \_\_\_\_\_

For counselor's use only

Total Monthly Expenses - page 1	
Total Monthly Expenses - page 2	
Total Monthly Living Expenses	

For counselor's use only

Total Monthly Net Income	
Total Monthly Living Expenses	
Balance Left to Make Monthly Payments	

\*\* Would you like to receive CCCS communications by email? YES NO

Signature \_\_\_\_\_ Signature \_\_\_\_\_



