

Client Name: _____

Month: _____

INCOME

<input type="text"/>	CalWorks/TANF	<input type="text"/>	Paycheck #1	<input type="text"/>	Unemployment
<input type="text"/>	Food Stamps	<input type="text"/>	Paycheck #2	<input type="text"/>	SSI
<input type="text"/>	Tranportation	<input type="text"/>	Paycheck #3	<input type="text"/>	other
<input type="text"/>	FIT Assistance	<input type="text"/>	Paycheck #4	<input type="text"/>	other
<input type="text"/>	Borrowed/Gift	<input type="text"/>	Unemployment	<input type="text"/>	other
<input type="text"/>	Child Support				
TOTAL = <input type="text"/>		School financial	\$	<input type="text"/>	

FIXED EXPENSES (constant: Usually Monthly, about same amount)

<input type="text"/>	full rent amount	<input type="text"/>	Life Insurance	<input type="text"/>	Credit Card #1
<input type="text"/>	P.G.& E.	<input type="text"/>	Child Care	<input type="text"/>	Credit Card #2
<input type="text"/>	Home Phone	<input type="text"/>	Wat/Garb/Sew	<input type="text"/>	Credit Card #3
<input type="text"/>	Cell Phone	<input type="text"/>	Savings	<input type="text"/>	Other
<input type="text"/>	Car Insurance	<input type="text"/>	Loan Payment	<input type="text"/>	Other
<input type="text"/>	Car Payment	<input type="text"/>	Court Fees	<input type="text"/>	Other
<input type="text"/>	Bundle	<input type="text"/>	Probations Fees	<input type="text"/>	Other
<input type="text"/>	Internet	<input type="text"/>	Restitution Fines	<input type="text"/>	Other
<input type="text"/>	Car Expenses	<input type="text"/>		<input type="text"/>	Other
TOTAL = <input type="text"/>					

VARIABLE EXPENSES

<input type="text"/>	Groceries	<input type="text"/>	Pets	<input type="text"/>	Hobbies
<input type="text"/>	Gas for car	<input type="text"/>	School/Work	<input type="text"/>	Allowance
<input type="text"/>	Car Repair/Main.	<input type="text"/>	Sch/wk lunches	<input type="text"/>	Dental
<input type="text"/>	Bus	<input type="text"/>	Snacks/coffee	<input type="text"/>	Med. Co-pays
<input type="text"/>	Hygiene	<input type="text"/>	Clothes	<input type="text"/>	Prescriptions
<input type="text"/>	Household	<input type="text"/>	Shoes	<input type="text"/>	Over counter
<input type="text"/>	Laundry	<input type="text"/>	Medication	<input type="text"/>	Movies
<input type="text"/>	Eating Out	<input type="text"/>	Medical Expenses	<input type="text"/>	Storage
<input type="text"/>	Entertainment	<input type="text"/>	Beauty Care	<input type="text"/>	other:
<input type="text"/>	Infant/Toddler	<input type="text"/>	Gifts	<input type="text"/>	other:
<input type="text"/>		<input type="text"/>	Child Activities	<input type="text"/>	other:
TOTAL = <input type="text"/>					

Income _____ subtract(-) _____ equals (=) _____
 (Expenses)
 pre.bal. _____ add (+) positive or subtract (-) negative **TOTAL**

Families In Transition Budget / Projected Budget

Client: Name _____

Month _____

Income	Incoming Amount	Projected Amount	Expense's	Amount	Projected Amount
1 Employment			Rent		
2 Employment			Utilities PG&E		
1 Employment /Partner			Phone		
2 Employment /Partner			Cell Phone		
Cal WORKS			Cable		
Food Stamps			Water / Garbage		
Child Support			Food		
Unemployment			Laundry (detergent)		
Unemployment			Personal		
Disability			Transportation: Gas		
SSI			Storage		
Social Security			Car repair		
Other			Car insurance		
Family/ friends			Child Care		
FIT Payment			Debt /Other Expense		
Other			Other Expense		
			Credit Card Payment		
			Credit Card Payment		
Total Income			Total Expense		

Total Income _____

Projected Total Income _____

Total Expense _____

Projected Total Expense _____

Total Amount _____

Projected Total Amount _____

Disposable Income _____

Disposable Income _____

Total income needed _____

Estimate income needed _____