

Representative Payee Program			
		Monthly Net Income	
		SSI	
		SSDI	
		Child Support or Alimony	
		Pension Income	
		Employment	
		Other	
Completed automatically if entered into Excel		Total Income	\$0.00
	Verified		
Total Net Income	\$0.00		
Total Monthly Expenses			
Income less Expenses	\$0.00		
Monthly Expenses as Verified by Counselor	Verified Amount	Notes and Explain Proposed Budget	
Mortgage/Rent			
Rental Insurance			
Property Taxes (if not in payment)			
Property Insurance (if not in payment)			
Water			
Garbage			
Gas & Electric			
Auto Loan #1			
Auto Loan #2			
Auto Insurance			
Auto Fuel & Repairs			
Credit Card Payment(s)		balance:	# of cards:
Groceries (not dining out)			
Life Insurance			
Expenses for children (school fees etc.)			
Health Care Costs (out of pocket)			
Student Loans			
Life Insurance			
Cable or Satellite TV			
internet (if not included w/cable)			
Cell Phone(s)			
Cigarettes & Tobacco			
Beer & Alcohol			
Entertainment & Dining Out			
Miscellaneous Expenses			
Miscellaneous Expenses			
Miscellaneous Expenses			
Miscellaneous Expenses			
Miscellaneous Expenses			
Miscellaneous Expenses			
Total Expenses	-		
Signature		Date	
Signature		Date	