

Client Budget Worksheet

Name _____ Location _____

List all sources of monthly income	Amount
A is the Total of all items above	

List all monthly recurring expenses	Amount
Rent/Mortgage	
Utilities (Gas, Electric, Trash, Water)	
Phone	
Cable	
Allowance	
Pharmacy	
Cell phone	
Estimated grocery costs	
Misc. (Netflix, Medical Alert systems, Alarms, Church offerings, haircuts, recreational activities, lunch accts. Etc.)	
B is the Total of all items above	

Enter the total from A here	
Enter the total from B here	
Subtract B for A – This is the amount of discretionary spending money for this individual	

List any adjustments to this or special circumstances on the back of

Administrator _____ Date _____

Director _____ Date _____

