

HOUSEHOLD BUDGET SHEET

(Income less than \$465.00/month* and no Food Stamps)

Total Household Monthly Income:

1.

\$

Household Expenses:

Rent	\$ _____
Utilities:	
Electric	\$ _____
Water/Gas	\$ _____
Phone	\$ _____
Cable	\$ _____
Food	\$ _____
Child Care	\$ _____
Laundry	\$ _____
Personal Expenses (Soap, toothpaste, etc.)	\$ _____
Entertainment	\$ _____
Cell Phone	\$ _____
Clothing	\$ _____
Car Pmt. /Insurance	\$ _____
Gas	\$ _____
Other (Medical, dues, transportation, lunch money, etc.)	\$ _____

Total Household Monthly Expenses

2.

\$

Total Income Minus Expenses

3.

\$

IF EXPENSES ARE MORE THAN THE INCOME, PLEASE EXPLAIN HOW YOUR HOUSEHOLD IS MANAGING: *(Use additional sheet if necessary)*

Client Signature

LIHEAP Staff Signature

*\$465 figure is equal to 50% of the Federal Poverty Income Level Guideline.