

INCOME/BENEFITS

INCOME TYPE	MONTHLY \$	BENEFITS TYPE	MONTHLY \$
Social Security	\$	SNAP	\$
VA/Pension	\$	TANF	\$
Investments	\$	Medicare Savings	\$
Family Contribution	\$	Lifeline	\$
Employment	\$	Lite Up Texas	\$
Other (Specify)	\$	Extra Help	\$
		Other (Specify)	\$
TOTAL	\$	Total	\$

EXPENSES

HOUSING	MONTHLY \$	INSURANCE	MONTHLY \$
Mortgage/Rent	\$	Homeowners Insurance	\$
Home Equity/2nd Mortgage	\$	Auto Insurance	\$
Property Taxes	\$	Health Insurance	\$
HOA (only if required)	\$	Supplemental Insurance	\$
Maintenance	\$	Dental Insurance	\$
Home Warranty	\$	Vision Insurance	\$
		Long-term Care Insurance	\$
		Life Insurance	\$
		Burial Insurance	\$

EXPENSES CONT.

UTILITIES	MONTHLY \$	PERSONAL	MONTHLY \$
Electric	\$	Food	\$
Gas	\$	Household/Toiletries	\$
Water	\$	Clothing	\$
Home/Landline	\$	Dining/Entertainment/Travel	\$
Internet	\$	Pet Care	\$
Cell Phone	\$	Charitable Donations	\$
Cable/Satellite TV/Radio	\$	Personal Care/Hair/Nails	\$
Security System	\$	Subscriptions/Membership	\$
AUTO/TRANSPORTATION		Bank Fees	\$
Gasoline	\$	Dependent Care	\$
Maintenance/Registration	\$	Savings	\$
Tolls/Public Transportation	\$	MEDICAL (OUT OF POCKET)	
DEBT (MIN. REQUIRED)		Doctor/Lab Copays	\$
1.	\$	Dental	\$
2.	\$	Vision	\$
3.	\$	Prescriptions	\$
Auto Payment/Title Loan	\$	Supplements/OTC	\$
Personal Loan	\$	Supplies	\$
Student Loan	\$		
IRS	\$		
Pay Day	\$		
TOTAL	\$	Total	\$

Total Income	\$
Total Expenses	\$
SURPLUS / -DEFICIT	\$