



Boynton Beach Faith Based CDC, Inc. HOUSEHOLD BUDGET SHEET

Monthly Income:

Wages \$ _____

Benefits:

SNAP (food stamps, TANF, etc) \$ _____

Retirement: _____ \$ _____

Pension: _____ \$ _____

Disability: _____ \$ _____

Unemployment: \$ _____

Child Support 1) _____

2) _____, 3) _____

4) _____, 5) _____

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)*



Boynton Beach Faith Based CDC, Inc.

The information provided is accurate:

Client Signature

BBFBCDC Staff Signature

Dated: _____

Housing Counselling Provided on _____, 2021 by: _____

Staff Recommendations:

I, _____, agree to implement these recommendation:

Client Signature

BBFBCDC Staff Signature

Dated: _____