

NAME(S): _____ DATE: _____

SHFPP File Number: _____

HUD File Number: _____

EXPENSES (household)

Mortgage _____

UTILITIES (electricity, gas & water, etc.) _____

PHONE (home, mobile & pager, etc.) _____

CABLE _____

MAINTENANCE (lawn care, repairs, etc.) _____

OTHER: _____

SUB-TOTAL \$ _____

EXPENSES (transportation)

VEHICLE PAYMENT _____

VEHICLE PAYMENT _____

INSURANCE _____

TAXES, INSPECTION & TAG _____

FUEL (gas, oil, etc.) _____

MAINTENANCE _____

OTHER _____

SUB-TOTAL \$ _____

EXPENSES (credit cards & loans)

LOAN _____

LOAN _____

LOAN _____

CREDIT CARD _____

CREDIT CARD _____

CREDIT CARD _____

OTHER _____

SUB-TOTAL \$ _____

EXPENSES (miscellaneous)

CHILDCARE/DAYCARE _____

DRY CLEANING _____

CLOTHING _____

GROOMING (hair cuts & style, nails, etc.) _____

GROCERIES _____

DINNING OUT (lunch, dinner, snacks, etc.) _____

NON FOOD ITEMS _____

ENTERTAINMENT _____

GIFTS (wedding, holidays, showers, etc.) _____

CONTRIBUTIONS (religious, non-profits, etc.) _____

SAVINGS _____

ALLOWANCE _____

MEDICAL (doctor visit, medicine, hospital, etc.) _____

VACATION (out of town trips/visits) _____

OTHER _____

SUB-TOTAL \$ _____

TOTAL MONTHLY EXPENSES \$ _____

NET INCOME (include Child Support, SSI, Bonus, Etc.)

DATE	BORROWER	CO-BORROWER
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL NET INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

+EXCESS \$ _____

-DEFICIT \$ _____

IN CASE OF EXCESS: RECOMMENDATIONS

INCASE OF DEFICIT, STEPS TO BALANCE BUDGET

Attachments

Verifications of Income

- Paystubs
- Copy of SSI/Disability check
- Tax Refund
- Child Support
- Money or assistance you received from relatives, friends or other sources

Verification of Payment

- Statements
- Receipts
- Bank statement(s)

Date