

## St. Ambrose Housing Aid Center Budget Form

### A. Fixed Expenses

Mortgage Payment	_____
Second Mortgage	_____
Gas and Electric	_____
Heating Oil	_____
Water and Sewer	_____
Telephone	_____
Car Payment (client)	_____
Car Payment (other)	_____
Auto Insurance	_____
Life Insurance	_____
Medical Insurance	_____
Alimony/Child Support	_____
Alarm System	_____
<i>If not escrowed, monthly</i>	_____
<i>Ground Rent</i>	_____
<i>Real Prop Tax</i>	_____
<i>Homeowner's Insurance</i>	_____
<i>HOA/Condo Fee</i>	_____
Other _____	_____
<b>TOTAL</b>	<input type="text"/>

### B. Flexible Expenses

Groceries	_____
Food Away from Home	_____
Gas	_____
Bus/Taxi/Parking Fees	_____
Auto Mechanic	_____
Toiletries/Haircare	_____
Medical (prescription)	_____
Day Care/Babysitting	_____
Cable TV	_____
Clothing/ Laundry	_____
Cigarettes	_____
Alcohol	_____
Lottery	_____
Church/Charity	_____
Entertainment	_____
Cell Phone	_____
Tuition/Education	_____
Other _____	_____
Other _____	_____
<b>TOTAL</b>	<input type="text"/>

### C. Creditors

Name	Payment	Balance
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

### Income

Net Pay (client)	_____
Net Pay (client)	_____
Net Pay (other)	_____
Other Income	_____
<b>TOTAL Net Income</b>	<input type="text"/>

### Surplus/Deficit

1. Total Net Income:	_____
2. Mo. Living Expenses (A+B)	_____
3. Credit Expenses (C):	_____
4. Total Expenses (A+B+C):	_____
<b>TOTAL Surplus/Deficit</b>	<input type="text"/>

Household size: \_\_\_\_\_

Escrows? Y N

Name: \_\_\_\_\_

Date: \_\_\_\_\_