



Household Budget Form

A. Monthly Income	
Supplemental Security Income (SSI)	\$
Social Security Disability Insurance (SSDI)	\$
Employment Income (full-time job, part-time job)	\$
Money from Family	\$
Other:	\$
Other:	\$
Other:	\$
Total Income	\$

B. Monthly Expenses	
Housing (rent or mortgage)	\$
Utilities	\$
Medication, Medical Supplies, Co-Pay	\$
Cell Phone	\$
Cable	\$
Clothing	\$
Transportation	\$
Credit Cards	\$
Other:	\$
Total Expenses	\$

C. Monthly Surplus (money available for rent or mortgage)

Total income (from Table A)	\$
Total Expenses (from Table B)	\$
Total Monthly Surplus (total income minus total expenses)	\$