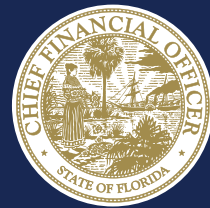




BUDGET SHEET

MONTH: _____



TYPE OF INCOME

JOB _____

GOVERNMENT PROGRAM _____

DISABILITY BENEFITS _____

FINANCIAL SUPPORT _____

OTHER INCOME _____

TOTAL INCOME _____

TYPE OF SPENDING

HOUSING
(rent or mortgage) _____

UTILITIES _____

GROCERIES _____

HEALTH EXPENSES _____

TRANSPORTATION _____

EDUCATION _____

CHILDCARE _____

CELL PHONE _____

INTERNET & CABLE _____

SERVICE ANIMALS/PETS _____

DEBT PAYMENTS _____

OTHER EXPENSE _____

OTHER EXPENSE _____

OTHER EXPENSE _____

TOTAL SPENDING _____

NOTES:

TOTAL INCOME

-

TOTAL SPENDING

=

MONEY to SAVE/SPEND

or

NEED to CUT EXPENSES

Remember to Pay Yourself First!