

Client Monthly Budget



Client ID: _____ Counselor: _____
 Client: _____
 Co-Client: _____
Essential Monthly Expenses

Budget Additional Note

Budgeted Expenses

	Current	Proposed	Adj
Monthly Housing Expenses			
Drive-First			
Drive-Home Equ			Reductions
Drive-Third			
Property Tax			
Gas & electric			
Telephone			
Water/Sewer			(If paid out of pocket)
Household Expenses			(Other out of pocket medical expenses)
Groceries			Begin to build a savings account for any unexpected expenses.
Transportation	Bus /Subway fares		
Car		Misc	
Registration			phone
Insurance			
Gasoline			
Public Transportation			
Child Care/Spousal Support			Bat:
Day Care/Sitting			
Spousal/Child Support			
Other			
Medical Premium			
Medical – Other			
Emergency/Music Savings			
Cable Service			
Cell Phone			(Average) Cell only
Internet			
Credit cards			
Total	\$0		

Other Debts (Client Pays Directly)

	Budget	Additional	Current	Proposed	Adj
Debt					
Reduction					
Notes					
Total	\$0 \$0 \$0 \$0				

Also includes trash
 Grocery/Houshold supplies are based on an avg of \$275/mth for a single adult and \$125/mth child age 12 and under. 2adults avg \$500/mth/couple national aver \$1000
 Transportation costs should not exceed 15% to 25% of net income.

Normal client service hours are Monday through Friday 8:30 AM to 6:30 PM PST

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