

**Budget Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name:  |       | SSI (T16): | $      |
| SSN/Trust: |       | SSA (T2):  | $      |
| Effective Date: |       | Other:  | $      |
| Living Arrangement: |       | **TOTAL:**  | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE**  | **AMOUNT** | **DATE/FREQUENCY** | **VENDOR NAME, ADDRESS, PHONE**  |
| **Rent**  | **$** |  |  |
| **Electricity**  | **$** |  |  |
| **Gas** | **$** |  |  |
| **Water** | **$** |  |  |
| **Rx Co-Pay** | **$** |  |  |
| **Food** | **$** |  |  |
| **P&I**  | **$** |  |  |
| **Weekly**  | **$** |  |  |
| **Other:**  | **$** |  |  |
| **Other:**  | **$** |  |  |
| **Other:**  | **$** |  |  |
| **Payee Fee** | **$** |  **3rd of Month**  |  |
| **Total**  | **$** |

**Notes:**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

SI Rep Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_