

## Budget Worksheet for MONTGOMERY COUNTY CARES

Please be accurate. Incomplete or inaccurate information can make you ineligible for aid.

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**SSN** \_\_\_\_\_  
**Date** \_\_\_\_\_

Names of all people in the household (both related and unrelated).

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sources of income of every one in the household (include places of employment, government aid, child support, etc).

Where have you sought help so far for this need. Please check each agency from which you sought help.

**Agency**  
**Family Services** \_\_\_\_\_  
**NECAC** \_\_\_\_\_  
**Your Church** \_\_\_\_\_  
**Other Churches** \_\_\_\_\_  
**Other** \_\_\_\_\_

**Reason for assistance** \_\_\_\_\_

### Monthly Income

**Employment** \_\_\_\_\_  
**AFDC** \_\_\_\_\_  
**Disability** \_\_\_\_\_  
**Food Stamps** \_\_\_\_\_  
**Social Security** \_\_\_\_\_  
**Other Income** \_\_\_\_\_  
**Total Monthly Income** \_\_\_\_\_

### Monthly Expenses

**Rent** \_\_\_\_\_  
**Phone(s)** \_\_\_\_\_  
**Electricity** \_\_\_\_\_  
**Gas** \_\_\_\_\_  
**Water/Sewer** \_\_\_\_\_  
**Food** \_\_\_\_\_  
**Clothing** \_\_\_\_\_  
**Transportation** \_\_\_\_\_  
**Gasoline** \_\_\_\_\_  
**Car Payment** \_\_\_\_\_  
**Medical Expense** \_\_\_\_\_  
**Insurance** \_\_\_\_\_  
**Child Support** \_\_\_\_\_  
**Other Exp. (Itemize)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Expenses each Month** \_\_\_\_\_

I certify that the above information is an accurate reflection not only of my income expenses but also the income and expenses represented in my household. Further, by my signature I give permission for this agency to check with other agencies to discuss my needs with them and get information from them.

**Signed** \_\_\_\_\_

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