

**Richmond Budget Worksheet for Assistance**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Income All Members Last 30 Days, Savings, & Retirement**

\_\_\_\_\_ /M  
 \_\_\_\_\_ /M  
 \_\_\_\_\_ /M  
 \_\_\_\_\_ /M  
 \_\_\_\_\_ /M

**Total Monthly Income:** \_\_\_\_\_

**Expenses Not Allowed:**

Alcohol \_\_\_\_\_  
 Birthday Parties \_\_\_\_\_  
 Braces/Non-Emerg DDS \_\_\_\_\_  
 Cigarettes/Tobacco \_\_\_\_\_  
 Credit Cards\* \_\_\_\_\_  
 Tuition (college/private) \_\_\_\_\_  
 Dining/Eating out \_\_\_\_\_  
 Drivers Education \_\_\_\_\_  
 Travel/ Vacation \_\_\_\_\_  
 Gym Memberships \_\_\_\_\_  
 Internet/Packages \_\_\_\_\_  
 Legal Fees/ Fines \_\_\_\_\_  
 Lessons/Classes \_\_\_\_\_  
 Insurance (car, life) \_\_\_\_\_  
 Moving Costs \_\_\_\_\_  
 Non-emergency clothes \_\_\_\_\_  
 online games/rentals \_\_\_\_\_  
 pet food/ grooming \_\_\_\_\_  
 loans personal/payday \_\_\_\_\_  
 Veterinarian Bills \_\_\_\_\_  
 Registration (town portion) \_\_\_\_\_  
 Rent to own costs \_\_\_\_\_  
 Second vehicle cost \_\_\_\_\_  
 Storage unit costs \_\_\_\_\_  
 Trash pick-up costs \_\_\_\_\_

**Expenses Allowed Reported**

| <b><u>Expenses</u></b>               | <b><u>Allowed</u></b> | <b><u>Reported</u></b> |
|--------------------------------------|-----------------------|------------------------|
| Rent/Mortgage/Roommate               | _____                 | _____                  |
| Taxes (if not included or no Mrtg.)  | _____                 | _____                  |
| Electric (current or Pmt. Plan Amt.) | _____                 | _____                  |
| Telephone (MAX \$10)                 | _____                 | _____                  |
| Food: less stamps _____ =            | _____                 | _____                  |
| Oil/Prop/Wood/Pellets (month avg.)   | _____                 | _____                  |
| Household maintenance/laundry        | _____                 | _____                  |
| Prescriptions/ medications           | _____                 | _____                  |
| Medical Bills/ Co-Pays               | _____                 | _____                  |
| Childcare Payments last 30 days      | _____                 | _____                  |
| Car Payment (max \$200)              | _____                 | _____                  |
| Gasoline                             | _____                 | _____                  |
| Car Repairs (max \$200)              | _____                 | _____                  |
| Bank Fees (last 30 days)             | _____                 | _____                  |
| Diapers/Wipes (max \$40/child)       | _____                 | _____                  |
| Other                                | _____                 | _____                  |
| Other                                | _____                 | _____                  |

**Total Allowed Expenses:** \_\_\_\_\_

\*CC-no non-basic needs charges

**Total Income:** \_\_\_\_\_

**Eligible? NO YES**

**Total Expenses:** \_\_\_\_\_

**Pay:** \_\_\_\_\_

**Difference:** \_\_\_\_\_

**For:** \_\_\_\_\_