



Housing Assistance Program
of Essex County, Inc.
103 Hand Avenue, P.O. Box 157
Elizabethtown, New York 12932



Household Budgeting Worksheet

Make sure that you include all income and expenses as accurately as possible. The information you provide will be used to compute your household income and eligibility for any programs we may offer. *Try not to inflate or underestimate numbers.*

Monthly Income

Salary/Wages	\$ _____
Salary/Wages (Spouse)	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment/Food Stamps	\$ _____
Royalties/Other income	\$ _____
Total Income	\$ _____

Montly Debts

Rent (Apartment, etc)	\$ _____
1 st Mortgage/Taxes/insurance	\$ _____
2nd Mortgage/Taxes/Insurance	\$ _____
Trailer Park Space Rent	\$ _____
Student Loans	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft. etc.)	\$ _____
Past-Due Taxes	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
Total Secured Debt	\$ _____

Monthly Living Expenses

Food ('Home, Work, School)	\$ _____
Household Items	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home, Cell, Pager)	\$ _____
Internet Service	\$ _____
Cable TV/Satellite	\$ _____
Electric	\$ _____
Gas / Oil	\$ _____
Water/in-Horne Service	\$ _____
Trash Service	\$ _____
Auto Gas/Maintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homowners/Renters Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Gardener/Pool/Alarni Service	\$ _____
Entertainment	\$ _____
Homeowner Dues	\$ _____
Subscriptions	\$ _____
Health Club Membership	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
Total Expenses	\$ _____

Monthly Unsecured Debts

Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Unsecured Loans	\$ _____
Total Unsecured Debt	\$ _____

Summary of Budget

Total Take-Home Income	\$ _____
	(minus)
Total Living Expense Payments	\$ _____
Total Secured Debt Payments	\$ _____
Total Unsecured Debt Payments	\$ _____
	(equals)
Your Disposable Income or Deficit	\$ _____

Note: If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create a workable budget for you and your family.

Date: _____

Participant Signature: _____

Co-Participant Signature: _____