

Intake Budget

Client Name: _____

Date: _____

Client Name: _____

Client Number: _____

Income	Monthly Amount
Wage: Full Time Employment (Borrower 1)	
Wage: Full Time Employment (Borrower 2)	
Wage: Part Time Employment (Borrower 1)	
Wage: Part Time Employment (Borrower 2)	
Income: Self-employment	
Social Security Disability	
Retirement/ Social Security	
Public Assistance	
SNAP (Food Stamps)	
Child Support	
Other	
Monthly Expenses Expenses	Monthly Amount
Renters/Homeowner Insurance/HOA	
Electric and/or Gas	
Heat	
Water	
Telephone (Land Line and/or Cell)	
Cable/Internet	
Fuel for transportation	
Car Insurance	
Public Transportation	
Groceries	
Eating Out (Restaurants, snacks, etc.)	
Health/Dental/ Vision/Life Insurance Payment	
Doctor/Dentist Co-Pays	
Prescription Medications	
Child Care	
Pet Food/ Care/ Supplies	
Entertainment	
Personal Care/Grooming	
Cleaning Supplies	
Clothing/Laundry	
Monthly Debt Obligations Expenses	Monthly Amount
Rent or Mortgage Payment	
Car Payment	
Student Loan Payments	
Loans	
Credit Card Payments	