

## Companion Home Client Budget Worksheet

NAME		MONTH / YEAR
<b>Monthly Income</b>	<b>Estimate / Goal</b>	<b>Actual Earned</b>
SSI / SSA / VA		
Wages		
Other:		
Other:		
Other:		
<b>Monthly Expenses</b>	<b>Estimate / Goal</b>	<b>Actual Spent</b>
<b>Fixed Expenses</b>		
Room and Board		
Other:		
Other:		
Other:		
<b>Flexible* Expenses</b>		
Transportation		
Personal hygiene		
Personal spending		
Other:		
Other:		
Other:		
Other:		
Other:		
<b>Discretionary** Expenses</b>		
Renter's insurance		
Cigarettes		
Clothing		
Hair care		
Gifts		
Savings		
Other:		
Other:		
Other:		

<b>Total Actual Income</b>	<b>Total Actual Expense</b>	<b>Amount Saved / Over Budget</b>
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\* Client may be able to reduce these costs, if needed.

\*\* May be eliminated if client can't afford.