

Client Monthly Budget



Client ID: _____ Counselor: _____
 Client: _____
 Co-Client: _____
Essential Monthly Expenses

Budget Additional Note

Budgeted Expenses

	Current	Proposed	Adj	Reductions
Monthly Housing Expenses				
Drive-First				car
Drive-Home Equ				
Drive-Third				
Property Tax				Bus /Subway fares
Gas & electric				
Telephone				
Water/Sewer				Misc
Household Expenses				(If paid out of pocket)
Groceries				(Other out of pocket medical expenses)
Transportation				Begin to build a savings account for any unexpected expenses.
Car				
Registration				
Insurance				phone
Gasoline				
Public Transportation				
Child Care/Spousal Support				
Day Care/Sitting				Bat:
Spousal/Child Support				(Average) Cell only
Other				
Medical Premium				
Medical – Other				
Emergency/Music Savings				
Cable Service				
Cell Phone				
Internet				
Credit cards				
Total	\$0			

Other Debts (Client Pays Directly)

		Budget	Additional		
Debt	Reduction	Current	Proposed	Adj	Notes
Total		\$0	\$0	\$0	\$0

Gas 60 elec 140
 Also includes trash
 Grocery/Houshold supplies are based on an avg of \$275/mth for a single adult and \$125/mth child age 12 and under. 2adults avg \$500/mth/couple national aver \$1000
 Transportation costs should not exceed 15% to 25% of net income.

Normal client service hours are Monday through Friday 8:30 AM to 6:30 PM PST
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