

Budget Sheet

For the Month of _____

MONEY COMING IN

(Income, Assets)

REGULAR RECURRING INCOME (A)

Wages _____ \$ _____
 Tips _____ \$ _____
 Child support _____ \$ _____
 Unemployment compensation _____ \$ _____
 Government benefits: State Disability Insurance _____ \$ _____
 Short or long term disability insurance _____ \$ _____
 Supplemental Security Income _____ \$ _____
 Social Security Disability Insurance _____ \$ _____
 Interest on assets _____ \$ _____
 Other _____ \$ _____

NON-RECURRING INCOME (B)

Garage sale _____ \$ _____
 Fundraising _____ \$ _____
 Inheritance _____ \$ _____
 Gifts _____ \$ _____
 Other _____ \$ _____

TOTAL INCOME (A + B) = C _____ \$ _____



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ASSETS

401K or IRA _____	\$ _____
Stocks _____	\$ _____
Bonds _____	\$ _____
Savings _____	\$ _____
Life Insurance _____	\$ _____
Other _____	\$ _____
TOTAL ASSETS _____	\$ _____

**MONEY GOING OUT
(Expenses)**

NONMEDICAL (D)

Rent or mortgage _____	\$ _____
Gas _____	\$ _____
Electricity _____	\$ _____
Water _____	\$ _____
Travel (gas and parking) _____	\$ _____
Telephone/cell _____	\$ _____
Food _____	\$ _____
Clothing _____	\$ _____
Loans _____	\$ _____
Credit card payments _____	\$ _____
Professional services (financial planners, attorneys) _____	\$ _____
Car insurance premium _____	\$ _____
Health insurance premium _____	\$ _____
Life insurance premium _____	\$ _____

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Child care _____ \$ _____
Pet care _____ \$ _____
Personal care _____ \$ _____
Entertainment/leisure _____ \$ _____
Other _____ \$ _____

MEDICAL (E)

Prescription drug costs _____ \$ _____

Copayments & other experimental or other treatments not covered by insurance \$ _____

Special foods and nutritional supplements _____ \$ _____

Communication (phone calls, faxes, copies of medical records, etc.) with doctors, friends, and relatives
_____ \$ _____

Lodging (a place for the patient and/or family to stay) during treatment done away from home
_____ \$ _____

Meals during travel or clinic visits _____ \$ _____

Extra child care costs _____ \$ _____

Special equipment or clothing _____ \$ _____

Other _____ \$ _____

TOTAL EXPENSES (D + E) = F _____ \$ _____

BALANCE YOUR BUDGET

Income – Expenses (C – F) = _____

If you have a negative balance, look at your assets (p.1) to see which if any can be tapped in to.

Then, continue on to complete the irregular income and expenses portion of your budget—which can either be monthly or annual.

IRREGULAR INCOME AND EXPENSES

Examples of irregular income: bonus, tax refund, babysitting, one-time dividend payment

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL _____	\$	_____

Examples of irregular expenses: surgery deductible, tuition payment, car repair, vacation

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL _____	\$	_____

For more information on financial assistance and credit counseling resources in your area, visit www.CancerLegalResources.org.

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