

Companion Home Client Budget Worksheet

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

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

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

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