



Budget Worksheet For You To Complete

Instructions: Please fill out the information as completely as possible and mail to Consumer Credit and Budget Counseling, Inc. at Post Office Box 866, Marmora NJ 08223-0866. For faster service you can fax this form toll-free to (888) 738-8234 or fill out the information online at www.cc-bc.com. If you have any questions please call our office at (888) 738-8233.

ALL INFORMATION WILL REMAIN CONFIDENTIAL - WE WILL NOT CONTACT YOUR CREDITORS WITHOUT YOUR AUTHORIZATION

Personal Information

Applicant's Name	_____	Social Security Number	_____	(Not required at this time)
Partner's Name	_____	Social Security Number	_____	(Not required at this time)
Address	_____	Home Phone Number	_____	
	_____	Applicant's Work Number	_____	(Not required)
	_____	Partner's Work Number	_____	(Not required)

Employment / Income Information

Net Monthly Income

Applicant	_____	_____	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<small>Place of Employment</small>	_____	<small>Position</small>					
Partner	_____	_____					
<small>Place of Employment</small>	_____	<small>Position</small>					
Other Income	_____	_____	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<small>Source(s)</small>	_____		Total Income				

Monthly Expenses

Housing		Transportation	
Mortgage/Rent	_____	Auto Payment(s)	_____
2nd Mortgage	_____	Auto Insurance	_____
Electric	_____	Gas	_____
Gas/Oil	_____	Tolls/Parking	_____
Water/Sewer	_____	Public Transportation	_____
Telephone	_____	Maintenance / Repairs	_____
Food		Clothing	
Groceries	_____	Family Clothes / Shoes	_____
At Work/School	_____	Laundry/Cleaners	_____
Dining Out	_____	Medical	
Child Care		Dr./ Dentist / Health Ins.	_____
Day Care/Sitters	_____	Prescriptions	_____
Child Allowance	_____	Other	
Support/ Alimony	_____	Hair Care/ Beauty	_____
Education		Gifts	_____
Tuition	_____	Vacations	_____
Lessons	_____	Life Insurance	_____
Student Loans	_____	Church/Temple	_____
Entertainment		Pet Care	_____
Cable TV	_____	Tobacco/Alcohol	_____
Movies	_____	Other expenses	_____
Sports	_____	Total Expenses	_____

Net Worth Statement

Assets	
Balance of Bank Account(s)	_____
Stocks and Bonds	_____
Life Insurance Cash Value	_____
Value of Real Estate Owned	_____
Vested Retirement Funds	_____
Value of Automobile(s) Owned	_____
Other Assets	_____
Liabilities	
Mortgage Balance	_____
Auto Loan Balance	_____
Credit Cards	_____
Personal Loans	_____
Judgments/Collections	_____
Net Worth (Assets-Liabilities)	_____

Reason For Seeking Assistance

<input type="checkbox"/>	Poor Money Management
<input type="checkbox"/>	Reduced Income
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Death of Family Member
<input type="checkbox"/>	Divorce or Separation
<input type="checkbox"/>	Other (Please Identify) _____



Budget Worksheet Guide

Personal Information: Please fill out as completely as possible.

Partner: A husband, wife, boyfriend, girlfriend, family member or anyone who helps with your income or monthly expenses.

Employment / Income Information: The income information is a required field, to complete an accurate analysis.

Please list your net monthly income (This is your take home pay after taxes).

Weekly: If you know your net weekly pay then multiply this number by 4.33 (weekly net pay x 4.33)

Bi-Weekly: If your pay is bi-weekly then multiply this number by 2.16 (bi-weekly net pay x 2.16)

Variable: If your income fluctuates from month to month or season to season please provide your best estimate of an average monthly income.

Monthly Expenses:

Housing: Your utilities may fluctuate from month to month or season to season. Please provide a monthly average or a "budget plan", if appropriate.

Telephone: In addition to your home telephone do not forget to include a cell phone if applicable.

Food: If you pay for your lunch at work please list this as an expense (\$5.00 a day adds up to about \$115.00 a month)

Transportation: If you pay your auto insurance quarterly please divide this figure by 3 months, semi annually by 6 months, annually by 12 months. Do not forget an oil change if you pay \$30.00 every 3 months. Then you would list \$10.00 under Maintenance/Repairs.

Gifts: We suggest the best way to list this expense is to estimate what you spend annually for holidays and birthdays and divide the figure by 12 months.

Net Worth Statement: This statement is required by some of your creditors to illustrate your overall financial condition. Essentially it is a list of what you own, what you owe, and the net result if you paid off all debts.

Assets:

Balance of Bank Accounts: Current Balances of Checking & Savings accounts

Stocks & Bonds: Net value of all owned stocks and bonds

Life Insurance Cash Value: If you cashed in your Life Insurance policy, amount you would receive?

Value of Real Estate Owned: If you sold your house today what would you receive?

Vested Retirement Funds: The value of all your retirement accounts

Value of Automobile Owned: If you sold your car today what would you receive?

Other Assets: Value of any other assets

Liabilities:

Mortgage Balance: Amount you still owe on your mortgage

Auto Loan Balance: Amount you still owe on your car?

Credit Cards: Total Credit Card Debt

Personal Loans: Balance of all personal loans

Judgments/Collections: Balance of all Judgments/Collections

Reason for Seeking Assistance: Pick the reason or reasons that best describes your situation.