

# MONTHLY BUDGET

YEAR \_\_\_\_\_

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>INCOME</b>												
Room & Board (Client #1)												
Caregiving (Client #1)												
Room & Board (Client #2)												
Caregiving (Client #2)												
Room & Board (Client #3)												
Caregiving (Client #3)												
Other Household Income												
<b>TOTAL INCOME</b>												
<b>EXPENSES</b>												
Automobile												
Automobile Insurance												
Cable TV												
Clothes/Personal expenses												
Entertainment/Recreation												
Groceries/Dining Out												
Home Repairs												
Household												
Mortgage Payment / Rent												
Telephone/Cell Phone												
Utilities												
Other:												
<b>TOTAL EXPENSES</b>												

This monthly budget does not have to be kept if copies of bank statements is made available to CTA during reviews and as requested.