

FSTV Client Budget

Name:	
# in household	
# of dependants	
Net Income Applicant 1	
Net Income Applicant 2	
Other Income (example Child Tax Benefit)	

Expenses

<u>ITEM</u>	<u>AMOUNT</u>
Housing Expenses	
First Mortgage	
Second Mortgage	
Property Tax	
House Insurance	
Rent/Condo Fees	
Telephone (bundle)	
Cell Phone	
Hydro	
Water/Sewer	
Heat – Gas, Oil, Wood, Electric	
TV Cable/Rental	
Internet	
Maintenance Contracts	
Maintenance Immediate Need	
Other Housing Expenses	
Housing Expenses Total	

Work Expenses	
Gas – Applicant	
Gas – Spouse	
Transit – Applicant	
Transit – Spouse	
Parking	
Lunch/Breaks – Applicant	
Lunch/Breaks – Spouse	
Daycare	
Special Clothing	
Other Work Expenses	
Work Expenses Total	

Living Expenses	
Food	
Baby Needs	
Personal Travel	
Clothing	
Alimony & Support	
Automobile #1	
Automobile #2	
Auto License/Maintenance	
Auto Insurance	
Life Insurance	
Medical Insurance	
Medical/Doctor	
Prescription Drugs	
Dental	
Laundry/Dry Cleaning	
Pets	
Bank Fees	
Trustee Fees	
Other Living Expenses	
Living Expenses Total	

Personal Expenses	
Tobacco	
Alcohol/Beverages	
Recreation	
Babysitter	
Personal Grooming	
Barber/Hairdresser	
Subscriptions	
Memberships	
Gifts	
Religious Donations	
School Expenses	
Donations	
Allowances	
Lottery/Gaming Expenses	
Other Personal Expenses	
Total Expenses Totals	
BUDGET TOTALS	