

BUDGET WORKSHEET

CATEGORY	Monthly (Wages)	Quarterly (PC Only)	Debt not being repaid yet
INCOME (Net):			
Wages and Bonuses			
Interest Income			
Investment Income			
Per Capita Income			
Income Subtotal			
INCOME TAXES WITHHELD: (If not withheld from Gross)			
Federal Income Tax			
State and Local Income Tax			
Income Taxes Subtotal			
Total Spendable Income			
EXPENSES:			
HOME:			
Mortgage or Rent			
Homeowners/Renters Insurance			
Property Taxes			
Home Repairs/Maintenance/HOA Dues			
UTILITIES:			
Electricity			
Water and Sewer			
Natural Gas or Oil			
Telephone (Land Line, Cell)			
FOOD:			
Groceries			
Eating Out, Lunches, Snacks			
FAMILY OBLIGATIONS:			
Child Support/Alimony			
Day Care, Babysitting			
HEALTH AND MEDICAL:			
Insurance (medical,dental,vision)			
Out-of-Pocket Medical Expenses			
Fitness (Yoga,Massage,Gym)			
Page 1 Expense Subtotal			

*** For expenses incurred more or less often than monthly, convert the payment to a monthly amount when calculating the monthly budget. For instance, convert auto expense that's billed every six months to a monthly amount by dividing the six-month premium by six. This money should be kept separate from your other money so it's available when the bill becomes due.

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TRANSPORTATION :			
Car Payments			
Gasoline/Oil			
Auto Repairs/Maintenance/Fees			
Auto Insurance			
Other (tolls, bus, subway, taxi)			
DEBT PAYMENTS:			
Credit Cards			
Student Loans			
Other Loans			
ENTERTAINMENT/RECREATION:			
Cable TV/Videos/Movies			
Computer Expense			
Hobbies			
Subscriptions and Dues			
Vacations			
PETS:			
Food			
Grooming, Boarding, Vet			
CLOTHING:			
INVESTMENTS AND SAVINGS:			
401(K)or IRA			
Stocks/Bonds/Mutual Funds			
College Fund			
Savings			
Emergency Fund			
MISCELLANEOUS:			
Toiletries, Household Products			
Gifts/Donations			
Grooming (Hair, Make-up, Other)			
Miscellaneous Expense			
Subtotal Page 2 Exps and Investments			
Subtotal Page 1 Expenses			
Total Expenses and Investments			
Total Spendable Income			
Surplus or (Shortage) (Spendable income minus expenses & investments)			

BUDGET WORKSHEET



**Ho-Chunk Nation
Department of Social Services**

Emergency Assistance Program
P.O. Box 40 Black River Falls, WI 54615
Phone (715) 284-2622 Ext. 5104
Fax (715) 284-9486

Personal Financial Planning Agreement

I, _____, have received assistance from the Emergency
(print full name)
Assistance Program this year. I am required to attend budget management as part of
the Emergency Assistance Program.

I, _____, have received budget management through the
(print full name)
Emergency Assistance Program. I will do my best in maintaining my budget within my
needs and means. If I have further questions I can contact the Emergency Assistance
Program at 888.343.8190 X5104.

I, _____, have received budget management from the
(print full name)
Ho-Chunk Nation's Emergency Assistance Program and I understand I am eligible for
services once again.

Tribal Member Signature

Budget Counselor Signature

Date

Date