

Budget Assessment Form

(this is not a required form)



Pennsylvania
Department of Drug and
Alcohol Programs

Monthly Income

| Type | Source | Amount |
|---------------------------------|-----------------|------------|
| example: Employment Income | Sample Employer | \$3,000.00 |
| Child Support | | |
| Employment Income | | |
| Investment Income | | |
| Pension/Retirement Benefits | | |
| Social Security | | |
| Spouse's Income (if applicable) | | |
| Other Income | | |
| Other Income | | |
| Other Income | | |
| TOTAL MONTHLY INCOME= | | |

Monthly Expenses

| Type | Source | Amount |
|---------------------------------------|--------------------------|----------|
| example: Medical bill | Sample Insurance Company | \$150.00 |
| Auto gas and maintenance | | |
| Auto insurance | | |
| Auto Payment loan(s) | | |
| Child Care/Support | | |
| Electric | | |
| Food-Dining out/Groceries | | |
| General Merchandise Purchases | | |
| Health insurance/Medical bills | | |
| Home heating-Gas/Oil | | |
| Internet | | |
| Other Expenses | | |
| Other Expenses | | |
| Other Expenses | | |
| Public transportation, Parking, Tolls | | |
| Rent/Mortgage | | |
| Sewer, Water, Trash | | |
| Sports Activities/Events | | |
| Streaming Subscriptions | | |
| Telephone/Cellphone | | |
| TOTAL MONTHLY EXPENSES= | | |

Are your expenses more than your income, what expenses can you cut?

TOTAL INCOME - TOTAL EXPENSES=

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Summary of Debts

| Type | Creditor | Debt Balance |
|-------------------------|-------------|--------------|
| example: Auto Loan | Sample Bank | \$400.00 |
| Auto Loan 1 | | |
| Auto Loan 2 | | |
| Credit Card 1 | | |
| Credit Card 2 | | |
| Credit Card 3 | | |
| Debt Repayment Plan | | |
| Loan 1 | | |
| Loan 2 | | |
| Loan 3 | | |
| Mortgage | | |
| Student Loan(s) | | |
| Other Debts | | |
| Other Debts | | |
| Other Debts | | |
| Other Debts | | |
| Other Debts | | |
| Other Debts | | |
| TOTAL DEBT OWED= | | |

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(this is not a required form)



| Assets | | |
|----------------------|--------|--------|
| Type | Source | Amount |
| Checking | | |
| Home Equity | | |
| Other Real Estate | | |
| Retirement Accounts | | |
| Savings | | |
| Stocks | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| Other Assets | | |
| TOTAL ASSETS= | | |