Monthly Budget

If the camper lives with his/her family, this form should include income normal and expected income and expenses for the family.

Camper Name: _____ **Date:** _____

MONTHLY INCOME		
SOURCE	**AMOUNT**	**DETAILS**
TOTAL		

MONTHLY EXPENSES	**AMOUNT**	**DETAILS**
Housing (Rent/Mortgage/R&B)		
Electric		
Natural Gas		
Phone		
Cable		
Garbage		
Water		
Medical Ins.		
Medical Co-Pay(s)		
Transportation Expense		
Personal Spending		
Food/Groceries		
Personal Incidental Funds (PIF)		
Total		

ASSETS	**AMOUNT**	**DETAILS**
Cash		
Checking Account		
Savings Account		
Investments		
Other		
Total		

This form may be completed by the camper, care provider, representative payee, or parent.

Prepared by: _____ **Relationship to camper:** _____

Signature: _____