

Yellow Ribbon OEF/OIF Financial Assistance Grant Family Budget Worksheet

Name _____

Income (Monthly)

| | Amount |
|--|--------------------------|
| Salary (Take Home-Self) (1) | (1) <input type="text"/> |
| Salary (Take Home-Spouse/Partner) (2) | (2) <input type="text"/> |
| Discretionary withholdings (401K, MSP, Sav Bonds, CU, etc) (3) | (3) <input type="text"/> |
| Disability Income (VA, NJ, etc.) (4) | (4) <input type="text"/> |
| Social Security Disability (5) | (5) <input type="text"/> |
| Unemployment (6) | (6) <input type="text"/> |
| Annuities/Pensions (7) | (7) <input type="text"/> |
| Interest/Dividends (8) | (8) <input type="text"/> |
| Other (Describe) (9) | (9) <input type="text"/> |

Total Income

\$0

Expenses (Monthly)

| | |
|--|--------------------------|
| Rent/Mortgage (a) | (a) <input type="text"/> |
| Property Tax (if not included in mortgage payment) (b) | (b) <input type="text"/> |
| Utilities: | |
| Gas/Electric (c) | (c) <input type="text"/> |
| Telephone (d) | (d) <input type="text"/> |
| Cell Phone (e) | (e) <input type="text"/> |
| Heating Oil (f) | (f) <input type="text"/> |
| Cable (g) | (g) <input type="text"/> |
| Water (h) | (h) <input type="text"/> |
| Sewage (i) | (i) <input type="text"/> |
| Trash (j) | (j) <input type="text"/> |
| Food (k) | (k) <input type="text"/> |
| Clothing (l) | (l) <input type="text"/> |
| Insurance: | |
| Home/Apt (if not included in mortgage payment) (m) | (m) <input type="text"/> |
| Auto (n) | (n) <input type="text"/> |
| Health (not employer provided) (o) | (o) <input type="text"/> |
| Life (not employer provided) (p) | (p) <input type="text"/> |
| Auto | |
| Lease/loan Payment (q) | (q) <input type="text"/> |
| Gasoline (r) | (r) <input type="text"/> |
| Maintenance (s) | (s) <input type="text"/> |
| Transportation (Bus, Train, Taxi, etc.) (t) | (t) <input type="text"/> |
| Education (Tuition, Books, etc.) (u) | (u) <input type="text"/> |
| Home Repairs (Including Major Appliances) (v) | (v) <input type="text"/> |
| Entertainment/Hobbies (w) | (w) <input type="text"/> |
| Charitable Contributions (x) | (x) <input type="text"/> |
| Other (Describe) (y) | (y) <input type="text"/> |

Total Expenses

\$0

Net Income (Expense)

\$0

Yellow Ribbon OEF/OIF Financial Assistance Grant Schedule of Past Due Bills

Name _____

| | Amount |
|--|-----------|
| Rent (a) | (a) _____ |
| Mortgage (b) | (b) _____ |
| Property Tax (if not included in mortgage payment) (c) | (c) _____ |
| Utilities: | |
| Gas/Electric (d) | (d) _____ |
| Telephone (e) | (e) _____ |
| Cell Phone (f) | (f) _____ |
| Heating Oil (g) | (g) _____ |
| Cable (h) | (h) _____ |
| Water (i) | (i) _____ |
| Sewage (j) | (j) _____ |
| Trash (k) | (k) _____ |
| Insurance: | |
| Home/Apt (if not included in mortgage) (l) | (l) _____ |
| Auto (m) | (m) _____ |
| Health (n) | (n) _____ |
| Life (o) | (o) _____ |
| Loans: | |
| Auto (p) | (p) _____ |
| Home Equity/Line of Credit (q) | (q) _____ |
| Student (r) | (r) _____ |
| Credit Cards (Attach copy of itemized statements) (s) | (s) _____ |
| Other (Describe) (t) _____ | (t) _____ |
| (u) _____ | (u) _____ |
| (v) _____ | (v) _____ |

| | |
|--|-----------|
| Estimate or Actual Cost of Emergency Repairs | |
| Description: (w) _____ | (w) _____ |
| (x) _____ | (x) _____ |
| (y) _____ | (y) _____ |

Total \$0

Reserve Funds

| | |
|---|-----------|
| Cash (1) | (1) _____ |
| Checking/Savings (2) | (2) _____ |
| Investments (not retirement accounts) (3) | (3) _____ |
| Savings Bonds (4) | (4) _____ |
| 401K/IRA's (5) | (5) _____ |
| Other (6) | (6) _____ |

Total \$0