

**FFT™ Budget Assessment**  
Required elements are underlined.

Client Name: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_

Do you want the budget to reflect just your own finances or the finances of your whole household? (Note to participants: please make sure all of your answers for this Budget assessment stay consistent with your response to this question.)  
 Budget reflects participant only or a household of one  
 Budget reflects whole household

Is this the first budget created for this participant?  
 Yes  
 No

Is this a partial or complete update of the budget?  
 Partial update  
 Complete update

**Monthly Income**

Are you recording only net income or both net and gross income?  
 Net income only  
 Net and gross income

NOTE: Net income fields are mandatory and will feed FFT™ reports; gross income fields are optional and will not feed FFT™ reports. If you need to estimate net wages, go to [www.paycheckcity.com](http://www.paycheckcity.com). Remember to take out ALL withholdings (e.g., taxes, benefits premiums, etc.) from net income.

Wages (take-home amount after all withholding) (monthly participant income - net)	\$	Rental Income (monthly participant income - net)	\$
Wages (monthly participant income - gross)	\$	Rental Income (monthly participant income - gross)	\$
Income from self-employment or business ownership (monthly participant income - net)	\$	Interest/Investment Income (monthly participant income - net)	\$
Income from self-employment or business ownership (monthly participant income - gross)	\$	Interest/Investment Income (monthly participant income - gross)	\$
SSI/SSDI (monthly participant income - net)	\$	Income from other household members (monthly income from other household members - net)	\$
SSI/SSDI (monthly participant income - gross)	\$	Social Security (not SSI/SSD) (monthly participant income - net)	\$
SNAP (food stamps)/WIC (monthly participant income - net)	\$	Social Security (not SSI/SSD) (monthly participant income - gross)	\$
TANF (monthly participant income - net)	\$	Pensions (monthly participant income - net)	\$
Alimony/Child Support (monthly participant income - net)	\$	Pensions (monthly participant income - gross)	\$
Alimony/Child Support (monthly participant income - gross)	\$	Other Public Benefits (monthly participant income - net)	\$
Unemployment (monthly participant income - net)	\$	Other Public Benefits (monthly participant income - gross)	\$
Unemployment (monthly participant income - gross)	\$	Other Income (not public benefit) (monthly participant income - net)	\$
Workers' Compensation (monthly participant income - net)	\$	Other Income (not public benefit) (monthly participant income - gross)	\$
Workers' Compensation (monthly participant income - gross)	\$	<b>Total Monthly Income (net)</b>	\$
Veteran Compensation (monthly participant income - net)	\$	<b>Total Monthly Income (gross)</b>	\$
Veteran Compensation (monthly participant income - gross)	\$		

**Monthly Expenses**

<b>Housing</b>		<b>Health-Related</b>	
Rent (monthly payment)	\$	Health Ins., if not deducted from your paycheck or Social Security Check (monthly payment)	\$
Renters Insurance (monthly payment)	\$	Dental Ins., if not deducted from your paycheck or Social Security Check (monthly payment)	\$
Number of mortgages on primary residence		Life Insurance (monthly payment, pro-rate if not paid monthly)	\$
Mortgage 1 - Primary Residence (monthly payment)	\$	Monthly medical and prescriptions bills - copays, prescription drugs, etc. (monthly estimate)	\$
Mortgage 2, 3, etc. - Primary Residence (combined monthly payment)	\$	Other Health-Related Expenses (monthly estimate)	\$
HELOC(s) - Primary Residence (monthly payment)	\$	<b>Total Health-Related Expenses</b>	\$
Property Tax if not included in mortgage (monthly payment)	\$	<b>Child/Dependent-Related</b>	
Homeowners Insurance (monthly payment)	\$	Child Support (monthly payment to other parent/guardian)	\$
Home Maintenance (monthly estimate, pro-rated)	\$	Childcare/Daycare (monthly payment)	\$
Condo/Townhome Fees or Assessments (monthly payment)	\$	Education (for children/dependents) - tuition, books, pictures, fees, etc. (monthly estimate)	\$
Real Estate Other than Primary Residence (monthly payment)	\$	Other Child/Dependent-Related Expenses (monthly estimate)	\$
Other Housing Expenses (monthly payment)	\$	<b>Total Child/Dependent-Related Expenses</b>	\$
<b>Total Housing Expenses</b>	\$	<b>Credit Card/Loan/Other Debt Payments</b>	
<b>Utilities</b>		CC1, CC2, CC3, etc. (combined monthly payment)	\$
Gas/Heating (monthly estimate)	\$	Student Loan(s) (monthly payment)	\$
Electric (monthly estimate)	\$	Consumer Loan(s) (monthly payment)	\$
Water (monthly estimate)	\$	Business Loan(s) (monthly payment)	\$
Trash (monthly estimate)	\$	Informal Loan(s) - money owed to family, friends, etc. (monthly payment)	\$
Sewer (monthly estimate)	\$	Other Debt Payments (monthly payment)	\$
Phone - landline (monthly estimate)	\$	<b>Total Credit Card/Loan/Other Debt Payments</b>	\$
Cell Phone (monthly estimate)	\$	<b>Personal</b>	
Other Utilities Expenses (monthly estimate) (note: cable and internet are located in Personal Expenses)	\$	Cable/Internet (monthly payment)	\$
<b>Total Utilities Expenses</b>	\$	Laundry/Dry Cleaning (monthly estimate)	\$
<b>Food</b>		Tobacco & Alcohol (monthly estimate)	\$
Groceries (monthly estimate)	\$	Clothing & Accessories (monthly estimate)	\$
Other Food Expenses - dining out, school lunch, etc. (monthly estimate)	\$	Hair Products/Toiletries (monthly estimate)	\$
<b>Total Food Expenses</b>	\$	Beauty Salon/Barber Shop (monthly estimate)	\$
<b>Transportation</b>		Recreation - movies, CD's, sporting events, vacation, etc. (monthly estimate)	\$
Number of vehicles		Other Personal Expenses (monthly estimate)	\$
Vehicle 1 (monthly payment)	\$	<b>Total Personal Expenses</b>	\$
Vehicle 2 (monthly payment)	\$	<b>Miscellaneous</b>	
Vehicle 3, Vehicle 4, Vehicle 5, etc. (combined monthly payment)	\$	Charitable Giving (monthly estimate)	\$
Gas (monthly estimate)	\$	Gifts to Others (monthly estimate)	\$
Car Insurance (monthly payment, pro-rate if not paid monthly)	\$	Newspapers/Magazines (monthly estimate)	\$
Car Maintenance (monthly estimate)	\$	Pet Care (monthly estimate)	\$
Public Transportation (monthly estimate)	\$	Allowances for Children/Dependents (monthly estimate)	\$
Other Transportation Expenses (monthly estimate)	\$	Membership Dues - health club, professional associations, etc. (monthly payment)	\$
<b>Total Transportation Expenses</b>	\$	Education (for participant) - not student loan repayment (monthly estimate)	\$
		Average monthly financial fees from banks/credit unions/currency exchanges - i.e. check cashing, money orders, overdraft, ATM (monthly estimate)	\$
		Other Miscellaneous Expenses (monthly estimate)	\$
		<b>Total Miscellaneous Expenses</b>	\$

**Monthly Savings Target**

Monthly Savings Target \$

**Total Monthly Net Income**

Total Monthly Income	\$
Total Monthly Expense	\$
Total Monthly Net Income	\$

**Notes**

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