

**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) <i>Wages (monthly participant income - gross)</i>		Rental Income (monthly participant income - net) <i>Rental Income (monthly participant income - gross)</i>	
Income from self-employment or business ownership (monthly participant income - net) <i>Income from self-employment or business ownership (monthly participant income - gross)</i>		Interest/Investment Income (monthly participant income - net) <i>Interest/Investment Income (monthly participant income - gross)</i>	
SSI/SSDI (monthly participant income - net) <i>SSI/SSDI (monthly participant income - gross)</i>		Income from other household members (monthly income from other household members - net)	
SNAP (food stamps)/WIC (monthly participant income - net)		Social Security (not SSI/SSD) (monthly participant income - net) <i>Social Security (not SSI/SSD) (monthly participant income - gross)</i>	
TANF (monthly participant income - net)		Pensions (monthly participant income - net) <i>Pensions (monthly participant income - gross)</i>	
Alimony/Child Support (monthly participant income - net) <i>Alimony/Child Support (monthly participant income - gross)</i>		Other Public Benefits (monthly participant income - net) <i>Other Public Benefits (monthly participant income - gross)</i>	
Unemployment (monthly participant income - net) <i>Unemployment (monthly participant income - gross)</i>		Other Income (not public benefit) (monthly participant income - net) <i>Other Income (not public benefit) (monthly participant income - gross)</i>	
Workers' Compensation (monthly participant income - net) <i>Workers' Compensation (monthly participant income - gross)</i>		<b>Total Monthly Income (net)</b>	\$0
Veteran Compensation (monthly participant income - net) <i>Veteran Compensation (monthly participant income - gross)</i>		<b>Total Monthly Income (gross)</b>	\$0

**Monthly Expenses**

**Housing**

Rent (monthly payment)	
Renters Insurance (monthly payment)	
Number of mortgages on primary residence	
Mortgage 1 - Primary Residence (monthly payment)	
Mortgage 2, 3, etc. - Primary Residence (combined monthly payment)	
HELOC(s) - Primary Residence (monthly payment)	
Property Tax if not included in mortgage (monthly payment)	
Homeowners Insurance (monthly payment)	
Home Maintenance (monthly estimate, pro-rated)	
Condo/Townhome Fees or Assessments (monthly payment)	
Real Estate Other than Primary Residence (monthly payment)	
Other Housing Expenses (monthly payment)	
<b>Total Housing Expenses</b>	\$0

**Utilities**

Gas/Heating (monthly estimate)	
Electric (monthly estimate)	
Water (monthly estimate)	
Trash (monthly estimate)	
Sewer (monthly estimate)	
Phone - landline (monthly estimate)	
Cell Phone (monthly estimate)	
Other Utilities Expenses (monthly estimate) (note: cable and internet are located in Personal Expenses)	
<b>Total Utilities Expenses</b>	\$0

**Food**

Groceries (monthly estimate)	
Other Food Expenses - dining out, school lunch, etc. (monthly estimate)	
<b>Total Food Expenses</b>	\$0

**Transportation**

Number of vehicles	
Vehicle 1 (monthly payment)	
Vehicle 2 (monthly payment)	
Vehicle 3, Vehicle 4, Vehicle 5, etc. (combined monthly payment)	
Gas (monthly estimate)	
Car Insurance (monthly payment, pro-rate if not paid monthly)	
Car Maintenance (monthly estimate)	
Public Transportation (monthly estimate)	
Other Transportation Expenses (monthly estimate)	
<b>Total Transportation Expenses</b>	\$0

**Health-Related**

Health Ins., if not deducted from your paycheck or Social Security Check (monthly payment)	
Dental Ins., if not deducted from your paycheck or Social Security Check (monthly payment)	
Life Insurance (monthly payment, pro-rate if not paid monthly)	
Monthly medical and prescriptions bills - copays, prescription drugs, etc. (monthly estimate)	
Other Health-Related Expenses (monthly estimate)	
<b>Total Health-Related Expenses</b>	\$0

**Child/Dependent-Related**

Child Support (monthly payment to other parent/guardian)	
Childcare/Daycare (monthly payment)	
Education (for children/dependents) - tuition, books, pictures, fees, etc. (monthly estimate)	
Other Child/Dependent-Related Expenses (monthly estimate)	
<b>Total Child/Dependent-Related Expenses</b>	\$0

**Credit Card/Loan/Other Debt Payments**

CC1, CC2, CC3, etc. (combined monthly payment)	
Student Loan(s) (monthly payment)	
Consumer Loan(s) (monthly payment)	
Business Loan(s) (monthly payment)	
Informal Loan(s) - money owed to family, friends, etc. (monthly payment)	
Other Debt Payments (monthly payment)	
<b>Total Credit Card/Loan/Other Debt Payments</b>	\$0

**Personal**

Cable/Internet (monthly payment)	
Laundry/Dry Cleaning (monthly estimate)	
Tobacco & Alcohol (monthly estimate)	
Clothing & Accessories (monthly estimate)	
Hair Products/Toiletries (monthly estimate)	
Beauty Salon/Barber Shop (monthly estimate)	
Recreation - movies, CDs, sporting events, vacation, etc. (monthly estimate)	
Other Personal Expenses (monthly estimate)	
<b>Total Personal Expenses</b>	\$0

**Miscellaneous**

Charitable Giving (monthly estimate)	
Gifts to Others (monthly estimate)	
Newspapers/Magazines (monthly estimate)	
Pet Care (monthly estimate)	
Allowances for Children/Dependents (monthly estimate)	
Membership Dues - health club, professional associations, etc. (monthly payment)	
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>	\$0

**Total Monthly Net Income**

Total Monthly Income	\$0
Total Monthly Expense	\$0
Total Monthly Net Income	\$0

**Pay Yourself First**

Monthly Savings Amount (update the Action Plan and Balance Sheet)	
Monthly Investments Amount (update the Action Plan and Balance Sheet)	
Adjusted Monthly Net Income	\$0

**Notes**

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