

## BUDGET WORKSHEET

1. **TOTAL INCOME FOR HOUSEHOLD LAST MONTH:**

	Name	Salary	S.S./Ret	Welfare	Disability	Other	Total	Contribution to Household \$
A.								
B.								
C.								
D.								
E.								
F.								

G. Number of Dependent Children: \_\_\_\_\_ Total Income (Add A thru F) \_\_\_\_\_

2. **LIVING EXPENSES FOR MONTH:**

		CURRENT				CURRENT	
		Yes	No			Yes	No
A.	HOUSE						
1.	Rent \$ _____	_____	_____	D.	FOOD \$ _____	_____	_____
2.	Own \$ _____	_____	_____	E.	TRANSPORTATION \$ _____	_____	_____
B.	UTILITIES			F.	ENTERTAINMENT \$ _____	_____	_____
1.	Water \$ _____	_____	_____	G.	CLOTHES/MISC \$ _____	_____	_____
2.	Gas \$ _____	_____	_____	H.	DOCTOR/MEDICINE \$ _____	_____	_____
3.	Electricity \$ _____	_____	_____	I.	INSURANCE \$ _____	_____	_____
4.	Phone \$ _____	_____	_____	J.	CHILD SUPPORT \$ _____	_____	_____
5.	Other \$ _____	_____	_____	K.	COURT ORDERED FEES \$ _____	_____	_____
C.	LAUNDRY \$ _____	_____	_____	L.	MONTHLY CREDIT \$ _____	_____	_____

PAYMENTS (list on back)

3. **LIST OTHER PAYMENTS/EXPENSES:**

	\$ _____
	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

(Add # 2 & 3)

4. **EMPLOYMENT:**

- A.  I am currently employed.
- B.  I am physically and mentally capable of being employed and have made an earnest effort to find a job during the past \_\_\_\_\_ days.
- C.  I am not employable at this time because \_\_\_\_\_ and will furnish the Tarrant County supervision officer with a physician's statement to that effect.

5. **COMMITMENT:**

My current arrearage is \$ \_\_\_\_\_. I will make a payment of \$\_\_\_\_\_ on \_\_\_\_\_, and a payment of \$\_\_\_\_\_ each \_\_\_\_\_ until my account is current. If I am unable to fulfill this agreement, I will immediately contact my supervision officer and discuss my failure to pay.

6 **BASIC PERSONAL BUDGETING:**

I will attend the Basic Personal Budgeting class on \_\_\_\_\_ located at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. If I am unable to fulfill this agreement I will immediately contact my supervision officer and discuss my failure to attend. I also understand that failure to attend could effect the status of my community supervision.

**MONTHLY CREDIT PAYMENTS**

	Name	Address	Balance Due	Monthly Payment	Current	
					Yes	No
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I further state that all questions have been answered true and correct. I also understand that any false statement could be grounds for revocation of my community supervision.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Supervision Officer