

BUDGET WORKSHEET

Send to: Lighthouse Associates Inc
PO Box 342
Northwood, ND 58267
Fax: 701-587-6231

Client Name: _____

Income:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Expenses: (Name of creditor)

Rent: _____ Approx Monthly Amount: _____

Gas: _____ Approx Monthly Amount: _____

Electric: _____ Approx Monthly Amount: _____

Cable: _____ Approx Monthly Amount: _____

Internet: _____ Approx Monthly Amount: _____

Telephone: _____ Approx Monthly Amount: _____

Meds-Pharmacy: _____ Approx Monthly Amount: _____

Allowance: _____ Approx Monthly Amount: _____

Other: _____ Approx Monthly Amount: _____

Past Due Expenses:

Source: _____ Overdue Amount: _____

Source: _____ Overdue Amount: _____

Source: _____ Overdue Amount: _____

Source: _____ Overdue Amount: _____

Any other pertinent notes: _____
