

Emergency Loan Fund (ELF) - Monthly Budget

Please print this page and bring completed form to Human Resources.

Monthly Budget

Name _____

\$_____ Rent/Mortgage	\$_____ Car Payment
\$_____ Gas, Car Repairs	\$_____ Electricity
\$_____ Telephone (Cell and Regular)	\$_____ Cable
\$_____ Child Care	\$_____ Water
\$_____ Sewer	\$_____ Heat
\$_____ Insurance/House	\$_____ Insurance/Car
\$_____ Food	\$_____ Cigarettes
\$_____ Medical/Dental/Counseling Expenses	\$_____ Medication
\$_____ Alcohol	\$_____ Credit Card Payment
\$_____ Misc. (haircuts, dining out, newspaper, etc.)	
\$_____ Loans, specify:	

\$_____ Total Expenses

\$_____ Monthly Net Income