

**Representative Payee Consumer Budget**

CONSUMER NAME: \_\_\_\_\_

Budget Effective as of: \_\_\_\_\_

Source of Income			
SSI (Federal Financial Welfare)			
SocSec Retirement, Survivor's Benefits (SSA)		Consumer Current Address	
SocSec Disability Ins (SSDI)		Moved In:	
DHS (State Financial Welfare)		Moved Out:	
Other (specify) - part-time		Landlord Address:	
TOTAL CASH INCOME:	\$0.00	Amount of Deposit Paid & Date of Payment	
Food Stamps			

Expenses	Paid To: Name & Address	Amount	Total Monthly Income:	
			\$	0.00
<b>Rent</b> Due Date:			Expense	0.00
			Remaining Balance	0.00
<b>Phone Bill</b> Due Date:			Expense	0.00
			Remaining Balance	0.00
<b>Electric Bill</b> Due Date:			Expense	0.00
			Remaining Balance	0.00
<b>Cable Bill</b> Due Date:			Expense	0.00
			Remaining Balance	0.00
<b>Gas Bill</b>			Expense	0.00
			Remaining Balance	0.00
<b>Other (Specify)</b>			Expense	0.00
			Balance	0.00
<b>Other (Specify)</b> Fee for Service			Expense	0.00
			Balance	0.00
<b>Other (Specify)</b>			Expense	0.00
			Balance	0.00
<b>Allowance (Cigarettes)</b>			Expense	0.00
			Balance	0.00
<b>Allowance (Food)</b>			Expense	0.00
			Balance	0.00
<b>Allowance (Personal)</b>			Expense	0.00
			Balance	0.00
<b>MONTHLY SAVINGS WITH REP PAYEE</b>		<b>Remaining Balance for Monthly Savings</b>		<b>0.00</b>

---



---



---



---