

CLIENT BUDGET FORM -- Your Name _____				
EXPENSE PER	WEEK	FORTNIGHT	MONTH	QUARTER
Accommodation (Rent/Board/Mortgage)				
Power				
Rates/House Insurance				
Food (No of People _____)				
Vehicle Costs - Registration				
WOV/ Maintenance				
Insurance				
Petrol/Diesel				
Sky TV				
Clothing				
Medical Costs				
Fines				
Smokes/Drinking/Gambling				
Hire Purchases (Please List On Rear)				
Child Support				
Entertainment / Holidays				
Vehicle Loan Repayments				
Personal Loan Repayments				
Credit Card Payments				
Bank Loan Repayments				
Union Fees/Loan Payments				
Savings/Super Schemes				
Other Items (Please List)				
INCOME PER	WEEK	FORTNIGHT	MONTH	QUARTER
Wages (After Tax)				
Secondary Income (After Tax)				
Benefit/IRD Payment				
Pension				
Other Income (Please List)				
List of Debts & Balance Outstanding - What was this for	Loan Amount	Borrowed from Who	Total Balance Owing	
Continue on separate sheet if reqd				