Housing & Education ALLIANCE
MAKING A DIFFERENCE ONE FAMILY AT A TIME

Monthly Budget Guide

Name (s): _____ Date: _____

HOUSING		**Clothing**		**Recreation**	
1st Mortgage/Rent	$_____	Adult	$_____	Entertainment	$_____
2nd Mortgage	$_____	Children	$_____	Vacation	$_____
Flood Insurance	$_____	Laundry	$_____	Other	$_____
Homeowner's Insurance	$_____				
Real estate Taxes	$_____	**Medical Health**	$_____	**Debts**	
Maintenance Fee	$_____	Dentist	$_____	Card#1	$_____
Other	$_____	Disability/Insurance	$_____	Card#2	$_____
		Doctor Bills/Health insurance	$_____	Card#3	$_____
Utilities		Optometrist	$_____	Card#4	$_____
Cable	$_____	Prescriptions	$_____	Student Loan	$_____
Cellular Phone	$_____	Other	$_____	Other	$_____
Electricity	$_____			Other	$_____
Gas	$_____	**Personal**			
Internet Services	$_____	Alimony	$_____	**Tithing/Giving**	$_____
Telephone	$_____	Children's Allowance	$_____		
Trash/Sanitation	$_____	Cosmetics/Hair care/Barber	$_____	**Savings**	$_____
Water	$_____	Gifts	$_____		
		Life insurance	$_____	Sources of Income	$_____
Food		Miscellaneous	$_____	Salary#1	$_____
Grocery	$_____	Subscriptions	$_____	Salary#2	$_____
Eating Out	$_____	Toiletries	$_____	Alimony	$_____
Pets	$_____			Child Support	$_____
Other	$_____	**School/Child Care**		Pension	$_____
		Baby Sitter	$_____	Social Security	$_____
Transportation		Day Care	$_____	SSI	$_____
Car Payment#1	$_____	Education	$_____	Other	$_____
Car Payment#2	$_____	School Supplies	$_____		
Gas and Oil(for car)	$_____	School Fees	$_____	Total net income per month	$_____
Insurance	$_____	Transportation	$_____	Minus	
Repairs/Tires	$_____			Total expenses per month	$_____
				Equals	$_____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Client Action Plan

Client Name_____

Mode of Counseling ☐Phone ☐Internet ☐Face-to-Face

Type of Service:☐Budgeting or Money Management ☐Credit Review ☐Pre-Purchase counseling ☐Other

To be completed by the Housing Counselor

Budget/Financial Assessment Summary:

Total Gross Monthly Income	$_____
Monthly Rent	$_____
Current Housing Ratio	$_____
Net Monthly Income	$_____
Total Monthly living expense	$_____
Monthly debt obligation	$_____
Discretionary Income left-over	$_____
Back-end DTI	%_____

Client Obstacles:

Insufficient Credit	Overextended
Collections/Delinquency	Inadequate savings/Assets
Money Management issues	Unstable employment
Bankruptcy	Other
Other	Other

Client Actions/Tasks (needed to overcome obstacles)

Provide Counselor with all requested documents (Update documents every 30 days)	Provide Counselor with all lender documents and correspondence
Disclose all income/assets/debts ✓	Notify Counselor of changes in financial status
Maintain communication with Counselor ✓	Other
Complete required education ✓	Other

Counselor's Actions

Prepare for Homeownership	Assist Client in identifying Affordable loan products
Provide education ✓	Assist Client in identifying obstacles
Assess Readiness to purchase	Advocate for Client
Create/Review spending plan	Refer clients reputable Real Estate professionals
Obtain Pre-approval from Lender _____ _____ Date_____	Work with client's lender to sustain homeownership via _____
Submit Application for _____ _____ Date _____	Submit Application for _____ Grant _____ _____Date_____
Other	Other

Financial Assessments and Recommendations:

Progress/Status (Mortgage ready Timeframe): ☐ 0-3 months ☐ 3-6 months ☐6-9 months ☐ 9-12 months ☐More than a year

Counselor's Signature michael roberts _____

Client's Signature _____