

*Circles of Care*  
**Monthly Family Budget**  
**Household Expenses vs. Income**  
749.2447(6)(C)

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Foster Family

Rent or mortgage	\$ _____
Renters' or homeowners' insurance	\$ _____
Car payment	\$ _____
Car insurance	\$ _____
Gas (car)	\$ _____
Health insurance	\$ _____
Electric bill	\$ _____
Water/Sewage	\$ _____
Gas utility bill (if applicable)	\$ _____
Cell Phone bill	\$ _____
Cable/Internet bill	\$ _____
Credit card payments	\$ _____
Cash withdrawals	\$ _____
Food	\$ _____
Medical	\$ _____
Clothing	\$ _____
Legal (Attorney fees, Alimony, Child Support)	\$ _____
Pet	\$ _____
Entertainment	\$ _____
Other _____	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>
<b>Total Monthly Income</b>	<b>\$ _____</b>
<b>Surplus/Deficit</b>	<b>\$ _____</b>

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Foster Parent Signature