

Simple Monthly Budget Worksheet

1. YOUR INCOME

Military/Retirement Pay	\$ _____
VA Compensation	\$ _____
Care Givers Pay	\$ _____
Food Stamps/State Aide	\$ _____
Social Security	\$ _____
School Benefits (loans, GI Bill etc.)	\$ _____
Child Support Received	\$ _____
Additional Income (spouse or other)	\$ _____
TOTAL MONTHLY HOUSEHOLD INCOME	\$ _____

2. YOUR EXPENSES

<input type="radio"/> Rent OR <input type="radio"/> Mortgage (please identify)	\$ _____
# of Car payments <input type="text"/> Total monthly for all	\$ _____
Gas for Transportation	\$ _____
Car Insurance	\$ _____
Electric	\$ _____
Water/Sewer/Trash (total all if separate)	\$ _____
Gas for Home	\$ _____
Cable/Internet/Home phone (total all if separate)	\$ _____
Cell Phone	\$ _____
Food	\$ _____
Medical (co pays, prescriptions, monthly premium)	\$ _____
Personal Needs (hair cuts, clothing etc.)	\$ _____
Child Care Payments	\$ _____
Child Support Payments	\$ _____
Dining out/Entertainment	\$ _____
# of Credit Cards <input type="text"/> Total monthly for all	\$ _____
# of Student Loans <input type="text"/> Total monthly for all	\$ _____
# of Personal Loans <input type="text"/> Total monthly for all	\$ _____
Monthly allocated to savings	\$ _____
Other (please identify) _____	\$ _____
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$ _____

3. YOUR BOTTOM LINE

TOTAL MONTHLY HOUSEHOLD INCOME	\$ _____
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$ _____
MONTHLY SUPPLUS or DEFICIT	\$ _____

Name: _____

Date: _____



Hold Harmless Statement

On behalf of myself and on behalf of my dependents, I fully and forever release, discharge and hold harmless Hope For the Warriors® and its directors, officers, employees, advisors, affiliates, fundraisers, donors, and sponsors of and from any and all claims, demands, actions, causes of action, suits, controversies and liabilities of every kind and nature accruing to me or my dependents or any other person arising directly or indirectly from or on account of, or otherwise related to, the activities and assistance of Hope For The Warriors®.

Signature _____ Date _____

Disclosure Statement

I authorize my healthcare provider(s), caseworker(s), and other members of the VA involved in my care to disclose to Hope For The Warriors® and its employees, agents, and other representatives (collectively the “organization”) information about me, my current medical condition, treatment and any other information necessary to process my request for Critical Care assistance. Hope For The Warriors® agrees to treat any and all information as confidential.

Signature _____ Date _____

General Release Statement

I authorize Hope For The Warriors® and its employees, agents, and other representatives (collectively the “organization”) to contact other non-profits, agencies, and organizations/collective bodies on my behalf. This use of information is to include the submission of applications, the sharing of documents, and other pertinent information about me, my current medical condition, treatment and the necessary documents to receive assistance from, volunteer with Hope For The Warriors®. Hope For The Warriors® agrees to treat any and all information as confidential.

Signature _____ Date _____

Print Name _____