



Coast Guard Mutual Assistance

Budget Form Page 1 of 3

Instructions: As you move through the form totals fields will update as you enter information. Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. Attach a LES or pay stub for each source of income. **Include** any anticipated changes in your income (longevity, step increase, advancement, bonus, etc.) **Do not** include allotment deductions from your pay. When finished, print the completed pages and return them, along with your application for assistance and supporting documents, to your local CGMA Representative.

Monthly Income

Applicant

Primary Income			Secondary Income		
	Current	Planned		Current	Planned
Gross Income	<input type="text"/>	<input type="text"/>	Gross Income	<input type="text"/>	<input type="text"/>
Less Deductions			Less Deductions		
Taxes	<input type="text"/>	<input type="text"/>	Taxes	<input type="text"/>	<input type="text"/>
Garnishments	<input type="text"/>	<input type="text"/>	Garnishments	<input type="text"/>	<input type="text"/>
Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>	Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>
Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>	Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>
Total Deductions	<input type="text"/>	<input type="text"/>	Total Deductions	<input type="text"/>	<input type="text"/>
Net Income	<input type="text"/>	<input type="text"/>	Net Income	<input type="text"/>	<input type="text"/>

Spouse/Other Family Members

Primary Income			Secondary Income		
	Current	Planned		Current	Planned
Gross Income	<input type="text"/>	<input type="text"/>	Gross Income	<input type="text"/>	<input type="text"/>
Less Deductions			Less Deductions		
Taxes	<input type="text"/>	<input type="text"/>	Taxes	<input type="text"/>	<input type="text"/>
Garnishments	<input type="text"/>	<input type="text"/>	Garnishments	<input type="text"/>	<input type="text"/>
Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>	Advances (Show End Date Below)	<input type="text"/>	<input type="text"/>
Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>	Other Deductions (Explain Below)	<input type="text"/>	<input type="text"/>
Total Deductions	<input type="text"/>	<input type="text"/>	Total Deductions	<input type="text"/>	<input type="text"/>
Net Income	<input type="text"/>	<input type="text"/>	Net Income	<input type="text"/>	<input type="text"/>

Other Income			Total Income			
	Current	Planned		Current	Planned	
Alimony (Received)	<input type="text"/>	<input type="text"/>	Total Gross Income	<input type="text"/>	<input type="text"/>	
Child Support (Received)	<input type="text"/>	<input type="text"/>		Plus Other Income	<input type="text"/>	<input type="text"/>
Social Security	<input type="text"/>	<input type="text"/>			Less Deductions	<input type="text"/>
Disability	<input type="text"/>	<input type="text"/>		Net Income		<input type="text"/>
VA	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
Public Assistance	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
Investment Income	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
Rental Income	<input type="text"/>	<input type="text"/>				
Other Income (Explain Below)	<input type="text"/>	<input type="text"/>				
Total Other Income	<input type="text"/>	<input type="text"/>				

Comments:



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Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Include** any anticipated changes in your expenses. **Do not** include expenses in more than one category. **Do not** include expenses that are included as part of another payment.

Monthly Expenses

Housing Expenses			Family Living Expenses		
	Current	Planned		Current	Planned
Rent/Mortgage			Food/Groceries/Household Items		
Electric			Clothing		
Heating Oil/Natural Gas			Child Care		
Water/Sewage/Garbage			Barber/Beauty Shop		
Homeowners/Renters Assn Fees			Personal Care Items		
Other (Explain Below)			Telephone/Cell Phone/Pager		
Total Housing Expenses			Cable/Satellite TV		
			Internet Access Fees		
Transportation Expenses			Laundry/Dry Cleaning		
	Current	Planned	Recreation/Entertainment		
Gasoline			School Supplies and Expenses		
Repairs and Maintenance			Newspapers/Magazines		
Tolls/Parking/Fees			Work/School Lunches		
Inspections			Medical/Dental Care		
Other (Explain Below)			Other (Explain Below)		
Total Transportation Expenses			Total Family Living Expenses		
Other Expenses			Insurance (not included as part of other payments)		
	Current	Planned		Current	Planned
Alimony (Paid)			Life		
Child Support (Paid)			Health Medical/Dental		
Charity Contributions			Disability		
Gifts/Holidays (Avg. Monthly Amt.)			Automobile		
Pets/Vet/Kennel/Food/Misc.			Homeowner/Renter		
Organizations/Clubs Fees/Dues			Other (Explain Below)		
Property and Personal Taxes			Total Insurance Expenses		
CDs/Tapes/Videos/DVDs					
Other (Explain Below)			Total Expenses and Expenditures		
Total Other Expenses				Current	Planned
Savings and Investments			Housing		
	Current	Planned	Family Living		
Savings (Short Term)			Transportation		
Savings (Long Term)			Insurance		
Investments TSP/401k/403b etc.			Other Expenses		
Other Investments			Savings and Investments		
Total Savings and Investments			Total Expenses		

Comments:



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Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Installment Loans: Include** credit card, automobile and other monthly loan payments. **Do not** include mortgage payments or other payments which have been included elsewhere. **Assets/Savings:** List all assets, indicate which assets are and are not readily available to use (due to fees, penalties, lost interest etc).

Installment Loans

Payee	Purpose of Loan	Date Incurred	Interest Rate	Original Amount	Balance Owed	Monthly Payment	
						Current	Planned
Total							

Assets/Savings			Summary	
	Available	Not Available		
Cash				
Checking				
Savings				
Emergency Funds				
Certificates of Deposit			Net Income (Page 1)	Current Planed
Christmas Clubs etc.				
Savings Bonds			Less:	
Stocks			Expenses (Page 2)	
Bonds			Installment Payments (Page 3)	
Mutual Funds				
Retirement(401k/IRA/TSP)			Monthly Surplus or (Deficit)	
Education Accounts				
Real Estate/Property				
Other Assets				
Total				

Note: Indicate below why an asset is not available

Comments: