

ARMY EMERGENCY RELIEF (AER) BUDGET PLANNING SHEET

NAME: _____

DATE: _____

MONTHLY EXPENDITURES		AMOUNT	MONTHLY INCOME				AMOUNT
1	Food		VA Pension/DIC (circle one)				
2	Rent or Mortgage Payment (circle one)(include taxes & insurance)		Social Security (SS) (your own)				
3a	UTILITIES Electricity		SS (total amount for children)				
3b	Heat - Gas/Oil/Coal (circle one)		Supplemental Security Income (SSI) or SS Disability Income (circle one)				
3c	Telephone		Survivor Benefit Plan (SBP) or RSFPP (circle one)				
4	Household Supplies		Insurance Annuity				
5	Clothing		Earnings				
6	Incidentals (personal needs, dry cleaning, etc.)		Help from Family Members				
7	Dental & Medical Care, medication (show insurance in #10)		Income from: a. Investments				
8	Transportation: Work, school, etc., (show car payment in #13a)		b. Food Stamps				
9	Recreation (church, social or community activities)		c. Other (specify) (do not include AER assistance)				
10a	INSURANCE (monthly) Life/Burial (circle one)		TOTAL MONTHLY INCOME				
10b	Health		Assets: a. Investments/Savings/CD				
10c	Car		b. Real Estate				
11	Other Expenses (specify)		c. Other (specify)				
12	Total Monthly debt payments from #13b		Signature of Applicant				
TOTAL MONTHLY EXPENDITURES							
TOTAL MONTHLY INCOME							
BALANCE (Plus or Minus)							
NAME/ORGANIZATION/TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS FORM							
13a INDEBTEDNESS							
CREDITOR	DATE INCURRED	ORIGINAL PURCHASE	PURPOSE	AMOUNT MONTHLY PAYMENT	DATE LAST PAYMENT	BALANCE DUE	DATE VERIFIED
(Continue indebtedness on reverse if necessary)							
TOTALS: 13b						13c	