

ARMY EMERGENCY RELIEF (AER) BUDGET SHEET

Phone Nr. (Home)

Phone Nr. (Work)

NAME: _____ SSN: _____ DATE: _____

MONTHLY EXPENDITURES		AMOUNT	MONTHLY INCOME					AMOUNT
			Military/Retired Pay					
1	Food		Civilian Earnings					
2	Rent or Mortgage Payment (circle one)(include taxes & insurance)		Spouse's Earnings					
3a	UTILITIES Electricity		Social Security Retirement (SM/spouse)					
3b	Heat - Gas/Oil/Coal (circle one)		Social Security Disability (SM/spouse)					
3c	Telephone		Supplemental Security Income					
4	Water		VA Disability					
5	Clothing		Other Earnings					
6	Incidentals/Household supplies (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)					
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)								
13a INDEBTEDNESS								
CREDITOR	DATE INCURRED	AMOUNT ORIGINAL PURCHASE	PURPOSE	AMOUNT MONTHLY PAYMENT	DATE LAST PAYMENT	BALANCE DUE	DATE VERIFIED	

Total: 13 b

13C

Totals: 13 b

13 c