



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"/>		<input type="text"/>	<input type="text"/>	
Other Income (Explain Below)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Total Other Income	<input type="text"/>	<input type="text"/>				

Comments:



Coast Guard Mutual Assistance

Budget Form Page 2 of 3

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			Family Living Expenses		
	Current	Planned		Current	Planned
Gasoline			Laundry/Dry Cleaning		
Repairs and Maintenance			Recreation/Entertainment		
Tolls/Parking/Fees			School Supplies and Expenses		
Inspections			Newspapers/Magazines		
Other (Explain Below)			Work/School Lunches		
Total Transportation Expenses			Medical/Dental Care		
			Other (Explain Below)		
			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
			Housing		
Savings and Investments			Family Living		
	Current	Planned	Transportation		
Savings (Short Term)			Insurance		
Savings (Long Term)			Other Expenses		
Investments TSP/401k/403b etc.			Savings and Investments		
Other Investments			Total Expenses		
Total Savings and Investments					

Comments:

