



## Guam Housing and Urban Renewal Authority Aturidat Ginima' Yan Rinueban Siudat Guahan

117 Bien Venida Avenue, Sinajana, GU 96910 Phone: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701 Website: <a href="www.ghura.org">www.ghura.org</a>



## **Household Budget Worksheet**

Please complete this worksheet prior to your first meeting with a housing counselor, if possible.

Provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income (Table 1)	Applicant name:  Monthly Income		Co-applicant name:  Monthly Income	
Income type				
	Gross (Before Taxes / Deductions)	Net (After Taxes / Deductions)	Gross (Before Taxes / Deductions)	Net (After Taxes / Deductions)
1. Salary / wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support / Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total COMBINED Gross:			-1	1
Total COMBINED net:				



Monthly Costs (Table 2)				
Average Monthly Debts	Applicant name:	Co-applicant name:		
1. Rent	\$	\$		
2. Mortgage (Principal and interest)	\$	\$		
3. Property taxes, HOA, Insurance	\$	\$		
4. Car Payment(s)	\$	\$		
5. Car Insurance	\$	\$		
6. Credit Cards (Total)	\$	\$		
7. Childcare/daycare	\$	\$		
8. Alimony/Child support	\$	\$		
9. School Tution	\$	\$		
10. Medical Debt	\$	\$		
11. Gas/Transportation	\$	\$		
12. Household utilities (water, electric, gas, trash, landline, cable)	•	<b>*</b>		
13. Cell phone(s)	\$	\$		
14. Food (groceries + eating out)	\$	\$		
15. Student Loan Debt	\$	\$		
16. Other	\$	\$		
17. Other	\$	\$		
Total	\$	\$		
Total COMBINED costs	\$	\$		



Now, refer to your COMBINED net income on Table 1. Subtract your COMBINED costs as added on Table 2. This represents your monthly cash flow. Complete the calculation below.				
Taking my combined monthly <b>net income</b> of \$				
And subtracting my combined monthly <b>costs</b> of \$				
Equals \$				
I / we have a <b>POSITIVE</b> or <b>NEGATIVE</b> cash flow.				

Assets (Table 3)					
Total Value, Liquid Assets	Total Value, Hard Assets				
1. Stocks / Bonds / CDs: \$	1. Owner Occupied Property Value: \$				
2. Savings Accounts: \$	2. Investment Property Value: \$				
3. Checking Accounts: \$	3. Other: \$				
4. Other: \$	4. Other: \$				
Total Value: \$	Total Value: \$				

## **Authorization**

I authorize Guam Housing and Urban Renewal Authority Housing Counseling staff to use the information on this form in the course of their duties to assess my household finances.

I understand that even if I am not yet a client of the Housing Counseling program, this information will be treated with the same confidentiality as if I were a client, in the manner described by the GHURA Housing Counseling Privacy Policy, whether or not I have received or signed the privacy policy.

I understand that whether or not I am a client, I am able to obtain a copy of the GHURA Housing Counseling Privacy Policy at my request, at any time.

Applicant name:	Applicant signature:	Date:
Co-Applicant name:	Co-Applicant signature:	Date: