



Good Neighbors
**San Diego
Housing Commission**

- ◆ 1625 Newton Avenue
- ◆ San Diego, California 92113-1038
- ◆ 619.231.9400
- ◆ FAX: 619-578-7356
- ◆ www.sdhc.net

MONTHLY BUDGET

MONTH OF _____, 20__

Project Address: _____

Name: _____ Telephone #: _____

INCOME SOURCE	AMOUNT	EXPENSE SOURCE	AMOUNT
AFDC/GR/FS	\$	Rent	\$
Wages	\$	Telephone	\$
Unemployment	\$	Gas/Electric	\$
Workmen's Compensation	\$	Child Care	\$
SSA/SSI	\$	Cable	\$
Pensions/Retirement	\$	Food	\$
Self-Employment	\$	Clothing	\$
Gifts/Loans	\$	Toiletries	\$
Odd Jobs	\$	Newspapers/Magazines	\$
School Grants/Loans	\$	Entertainment	\$
Child Support	\$	Car Payments	\$
Disability	\$	Gasoline	\$
Military Pay	\$	Car Insurance	\$
Other	\$	Credit Payments	\$
Other	\$	Other Utilities	\$
Other	\$	Other	\$
Other	\$	Other	\$
TOTAL INCOME	\$	Total Expense	\$

WARNING: Under Title 18 United States Code Section 1001, Section 1010, Section 1012, and Title 31 United States Code Section 231, 3729, Section 3802, it is a crime to knowingly make false statements to an agency of the United States Federal Government. The willful falsification of the above statements on this form, may subject the person making the false statements to civil and/or criminal penalties.

Signature

Date

