

Army Emergency Relief (AER) Budget Sheet

ACCESS OF A					-						
Name:	e:				Client ID:						
Complete blocks 1 through 8 ensuring block 8 reflects a balance.											
1	MONTHLY EXPENDITUR	AMOUNT	2	MONTHLY INCOME (GROSS)				AMOUN	т		
а	Food			а	Military/Retired Pay						
b	Rent or Mortgage			b	Civilian Salary/Earnings						
с	Utilities - Electric			С	Social Security Ret (SM)						
d	Utilities - Heat - Oil/Gas			d	Social Security Disability (SM)						
е	Phone			е	VA Disability						
f	Phone/TV/Cable			f	CRSC						
g	Water/Sewer/Garbage			g	Spouse's Salary/Earnings						
h	Clothing			h	Social Security Ret (Spouse)						
i	Incidentals/Supplies			i	Social Security Disability (Spouse)						
j	Dental/Medical			j	Caretaker Stipend						
k	Transportation			k	Dependency and Indemnity Comp (DIC)						
	Recreation & Church				Survivor Benefit Plan (SBP)						
m	Insurance - Life			m	FGSLI (payments received)						
n	Insurance - Health Insurance - Car			n	VA Widow Tax Pension						
0	Insurance - Car Insurance - Home/Renter's			0	Help from other Family Members Investment Income						
p	Child Care		p								
q r	Child Support		q r	Food Stamps/WIC Social Security (children)							
S	Garnishment		S	GI Bill (Spouse/SM/Children)							
t	Total Indebtedness from block 3f	\$0.00	t	Income: Oth							
	TOTAL MONTHLY EXPENDITURES	<i></i>	Ľ								
1t	(block 6)	\$0.00	2t	2t (block 5)					\$0.00		
	INDEBTEDNESS (Transfer amount montly payments from block 3f to block 1t)										
3	CREDITOR		ORIGINAL		PURPOSE	MONTHLY	LY DATE LAST BA		LANCE	DATE	
	CREDITOR	INCURRED	AMOUNT	•	ORPOSE	AMOUNT	PYMT		DUE	VERIFIED	
а											
b											
с											
d											
е											
3f		TOTAL MONTHLY PAYMENTS \$0.00 TOTAL DUE				¢,	\$0.00				
DEDUCTIONS FROM SM'S PAY (INCLUDED IN GROSS PAY)											
4	ITEM		AMOUNT			ITEM			AMOUN	т	
a	Fed Income Tax			g	TSP					-	
b	ocial Security (FICA)			h	Other						
C D	Medicare			i	Other Allotment 1						
d	State Income Tax			;	Other Allotment 1 Other Allotment 2						
-				J	Other Allotment 2 Other Allotment 3						
e	Insurance (SGLI/TSGLI/FSGLI)		k								
f	Dental Plan Other Allotment 4										
4m	TOTAL DEDUCTIONS									\$0.00	
5	TOTAL MONTHLY INCOME (amount from Box 2t)								\$0.00		
6	TOTAL MONTHLY EXPENDITURES (amount from Box 1t)								\$0.00		
7	TOTAL DEDUCTIONS (amount from Box 4m)								\$0.00		
8	BALANCE: + OR (-)								\$0.00		