



Best Payments Intake Budget Worksheet

Personal Information	
Client Name	Social Security Number
Phone Number	Date

Income Section		
Type	Monthly Amount	Source/ From Who?
Social Security / SSI		
Earned Income		
Other Income		

Expense Section – YOU MUST PROVIDE A LEASE AND COPIES OF ALL BILLS		
Type	Monthly Amount	Paid to Who / Company Name
Rent		YOU MUST PROVIDE A COPY OF YOUR LEASE Are you currently behind on your rent? If yes, explain
Electric		
Gas		
Water		
Sewer		
Cable / Internet		
Cell Phone		Please provide your PIN Number so we can pay your cell phone
Car Payment		
Car Insurance		
Life Insurance		
Burial Funds		
Health Insurance		
Medical Payments		
Credit Cards / Loans		
Other		

Additional Information – Please answer the following questions so we can create a budget based on your individual needs and wants.
Do you smoke?
Do you currently receive food stamps? If yes, how much?
Would you prefer your grocery / spending money weekly or every other week?
Are you currently saving for would you like to save for Christmas or to make a large purchase? Please provide additional information.
Anything else you would like us to know when we create your budget?

Please return this completed form to
Best Payments PO Box 839 Delaware OH 43015
Call 740.263.7970 with any questions