



Best Payments Foundations Intake Budget Worksheet

Personal Information		
Client Name		Social Security Number
Name of Person Completing this Form		Date
Income Section		
Type	Monthly Amount	Source/ From Who?
Social Security / SSI		
Earned Income		
Other Income		
Living Arrangements	Live Alone	With Family
With Roommates	Other	
List Roommates –		
Explain Living Arrangements -		
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		
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?
Is saving important to you? Would you like to save for Christmas or to make a large purchase? Please provide additional information.		
Per Social Security guidelines, spending money will be distributed weekly. Budget permitting, amount you would like weekly for spending money?		
Anything else you would like us to know when we create your budget?		
Do you want Best Payments to be your Authorized JFS Representative?		

Please return this completed form to
 Best Payments PO Box 839 Delaware OH 43015 or info@bestpayments.net
 Call 740.263.7970 with any questions

Additional Notes: