



Best Payments *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 Regarding Client Budget:

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