

# ASSISTED LIVING HOME PROJECTED BUDGET WORKSHEET FORM

Home Name: \_\_\_\_\_

Savings/Assets Total: \_\_\_\_\_

Budget Category	Month 1	Month 2	Month 3	TOTAL
Mortgage or Rent				
Real Estate Taxes				
Home Insurance				
Workman's Compensation/ Liability Insurance				
Telephone/ TV/Internet				
Gas/Heating				
Electric				
Refuse				
Waste and Water				
Vehicle payments/Vehicle Insurance				
Vehicle Gas				
Food				
Household/Cleaning Supplies				
Employee Salaries/Payroll				
Contracted Services				
Miscellaneous				
Total				

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_