



Army Emergency Relief (AER) Budget Sheet

Name: _____ **Client ID:** _____

Complete blocks 1 through 8 ensuring block 8 reflects a balance.

1	MONTHLY EXPENDITURES	AMOUNT	2	MONTHLY INCOME (GROSS)	AMOUNT
a	Food		a	Military/Retired Pay	
b	Rent or Mortgage		b	Civilian Salary/Earnings	
c	Utilities - Electric		c	Social Security Ret (SM)	
d	Utilities - Heat - Gas/Coal		d	Social Security Disability (SM)	
e	Phone/TV/Cable		e	CRSC	
f	Water/Sewer/Garbage		f	Spouse's Salary/Earnings	
g	Clothing		g	Social Security Ret (Spouse)	
h	Incidentals/Supplies		h	Social Security Disability (Spouse)	
i	Dental/Medical		i	Caretaker Stipend	
j	Transportation		j	Dependency and Indemnity Comp (DIC)	
k	Recreation & Church		k	Survivor Benefit Plan (SBP)	
l	Insurance - Life		l	FGSLI (payments received)	
m	Insurance - Health		m	VA Widow Tax Pension	
n	Insurance - Car		n	Help from other Family Members	
o	Insurance - Home/Renter's		o	Investment Income	
p	Child Care		p	Food Stamps/WIC	
q	Child Support		q	Social Security (children)	
r	Garnishment		r	GI Bill (Spouse/SM/Children)	
s	Total Indebtedness from block 3f	\$0.00		Income: Other	
1t	TOTAL MONTHLY EXPENDITURES (block 6)	\$0.00	2t	TOTAL MONTHLY INCOME (block 5)	\$0.00

3 INDEBTEDNESS (Transfer amount monthly payments from block 3f to block 1s)								
3	CREDITOR	DATE INCURRED	ORIGINAL AMOUNT	PURPOSE	MONTHLY AMOUNT	DATE LAST PYMT	BALANCE DUE	DATE VERIFIED
a								
b								
c								
d								
e								
3f	TOTAL MONTHLY PAYMENTS				\$0.00	TOTAL DUE	\$0.00	

4 DEDUCTIONS FROM SM'S PAY (INCLUDED IN GROSS PAY)					
4	ITEM	AMOUNT		ITEM	AMOUNT
a	Fed Income Tax		g	TSP	
b	Social Security (FICA)		h	Other	
c	Medicare		i	Other Allotment 1	
d	State Income Tax		j	Other Allotment 2	
e	Insurance (SGLI/TSGLI/FSGLI)		k	Other Allotment 3	
f	Dental Plan		l	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