



**Benefits Management Corporation and  
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## Budget Worksheet

Client Name: \_\_\_\_\_ SSI (T16): \_\_\_\_\_  
 SSN / TRUST: \_\_\_\_\_ SSA (T2): \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ OTHER: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

TYPE	AMOUNT	DATE / FREQUENCY	VENDOR NAME & ADDRESS
Rent			
P&I			
Electricity			
GAS			
Other/Misc			
Other/Misc			
Payee Fee			

**TOTAL:** \_\_\_\_\_