

MONTHLY BUDGET OF EXPENSES

Name: _____ Date: _____

	Present	Projected (for self)
A. HOUSING		
1. Rent	_____	_____
2. Mortgage	_____	_____
3. Second Mortgage	_____	_____
4. Real Estate Tax	_____	_____
5. Home Insurance	_____	_____
6. Other: _____	_____	_____
7. Other: _____	_____	_____
SUB TOTAL:	_____	_____
B. UTILITIES		
1. Electricity	_____	_____
2. Gas/Heating	_____	_____
3. Water	_____	_____
4. Phone	_____	_____
5. Other: _____	_____	_____
6. Other: _____	_____	_____
SUB TOTAL:	_____	_____
C. HOUSEHOLD OPERATION		
1. Repairs	_____	_____
2. Appliance Contracts	_____	_____
3. Home Warranty Contracts	_____	_____
4. Pest Control	_____	_____
5. Gardening / Yard Work	_____	_____
6. Domestic Help	_____	_____
7. Cable TV	_____	_____
8. Internet	_____	_____
9. Pets	_____	_____
10: Other: _____	_____	_____
11: Other: _____	_____	_____
SUB TOTAL:	_____	_____
D. FOOD		
1. Groceries	_____	_____
2. School Lunch	_____	_____
3. Meals Out	_____	_____
4. Take-Out	_____	_____
5. Other: _____	_____	_____
6. Other: _____	_____	_____
SUB TOTAL:	_____	_____
E. CLOTHING	_____	_____
TOTAL - Page One	_____	_____

Present

Projected (for self)

F. TRANSPORTATION

1. Gas and Oil	_____	_____
2. Auto Repair/Maintenance	_____	_____
3. Licenses	_____	_____
4. Auto Taxes	_____	_____
5. Insurance (monthly average)	_____	_____
6. Car Payments	_____	_____
7. Parking	_____	_____
8. Other (bus, taxi): _____	_____	_____
SUB TOTAL	_____	_____

G. HEALTH, MEDICAL AND DENTAL INSURANCE

1. Health Insurance	_____	_____
2. Dental Insurance	_____	_____
3. Vision Insurance	_____	_____
4. Medical Care (Uncovered)	_____	_____
5. Dental Care (Uncovered)	_____	_____
6. Prescription Drugs	_____	_____
7. Counseling/Therapy	_____	_____
8. Disability Insurance	_____	_____
9. Life Insurance	_____	_____
10. Other: _____	_____	_____
SUB TOTAL	_____	_____

H. CHILDREN'S EXPENSES

1. Daycare	_____	_____
2. After-School	_____	_____
3. Private School Tuition	_____	_____
4. College Tuition (current)	_____	_____
5. Room and Board (at school)	_____	_____
6. Books and Fees	_____	_____
7. Activities and Lessons	_____	_____
_____	_____	_____
_____	_____	_____
8. Babysitting	_____	_____
9. Allowance	_____	_____
10. Summer Camp	_____	_____
11. Travel Expenses	_____	_____
12. Special Events	_____	_____
13. Other: _____	_____	_____
_____	_____	_____
SUB TOTAL	_____	_____

TOTAL – Page Two

Present Projected (for self)

I. EDUCATION (Self)

1. Tuition	_____	_____
2. Books and Fees	_____	_____
3. Conferences	_____	_____
4. Other: _____	_____	_____
SUB TOTAL:	_____	_____

J. PERSONAL EXPENSES

1. Toiletries / Cosmetics	_____	_____
2. OTC Medicines	_____	_____
3. Dry Cleaning / Laundry	_____	_____
4. Hair Care	_____	_____
5. Dues (Professional)	_____	_____
6. Dues (Personal)	_____	_____
7. Charities	_____	_____
8. Church / Synagogue	_____	_____
9. Other: _____	_____	_____
SUB TOTAL:	_____	_____

K. ENTERTAINMENT

1. Movie Rentals	_____	_____
2. Cultural	_____	_____
3. Sports	_____	_____
4. Magazines / Newspapers	_____	_____
5. Books	_____	_____
6. Other: _____	_____	_____
SUB TOTAL:	_____	_____

L. VACATION

1. Travel	_____	_____
2. Lodging	_____	_____
3. Meals	_____	_____
4. Other: _____	_____	_____
SUB TOTAL:	_____	_____

M. GIFTS

1. Birthdays	_____	_____
2. Holidays	_____	_____
3. Weddings	_____	_____
4. Other: _____	_____	_____
SUB TOTAL:	_____	_____

TOTAL – Page Three

_____	_____
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Present Projected (for self)

N. OTHER (Itemize Below)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
SUB TOTAL:	_____	_____

O. INSTALLMENT PAYMENTS (from chart below)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
SUB TOTAL:	_____	_____
TOTAL – Page Four	_____	_____

INSTALLMENT DEBT PAYMENTS

Creditor	Balance Owed	Monthly Payment If Bill Cleared in One Year	Minimum Regular Monthly Payment	Actual Monthly Payment
TOTAL BALANCE AND MONTHLY PAYMENTS				

TOTALS:

Page One:	_____	_____
Page Two:	_____	_____
Page Three:	_____	_____
Page Four:	_____	_____
GRAND TOTAL:	_____	_____