

Budget Worksheet

Income Sources

\$ _____ Salary
\$ _____ Salary, spouse
\$ _____ Support Payments
\$ _____ Public Assistance (Cash)
\$ _____ Other (Gifts, Sales, etc.)
\$ _____ TOTAL MONTHLY INCOME

Expenses

Savings

\$ _____ TOTAL MONTHLY SAVINGS

Transportation

\$ _____ Gas
\$ _____ Insurance Due: _____
\$ _____ Car Payment Due: _____
\$ _____ Maintenance
\$ _____ Public Transportation
\$ _____ TOTAL

Housing

\$ _____ Rent/Mortgage Payment Due: _____
\$ _____ Insurance Due: _____
\$ _____ Repairs
\$ _____ Furniture
\$ _____ Electricity Due: _____
\$ _____ Water Due: _____
\$ _____ Heating Fuel (Gas, propane) Due: _____
\$ _____ Garbage Pickup Due: _____
\$ _____ Telephone Due: _____
\$ _____ TOTAL

Groceries/Sundries

\$ _____ Food
\$ _____ Household Items (cleaning supplies, etc.)
\$ _____ Personal Items (shampoo, soap, etc.)
\$ _____ Laundry
\$ _____ TOTAL

Child Care

\$ _____ Daycare Due: _____
\$ _____ Other
\$ _____ TOTAL

Medical

\$ _____ Doctor Due: _____
\$ _____ Hospital Due: _____
\$ _____ Dentist Due: _____
\$ _____ Medicine
\$ _____ TOTAL

Insurance

\$ _____ Health Due: _____
\$ _____ Other Due: _____
\$ _____ TOTAL

Clothing

\$ _____ (Name) _____
\$ _____ (Name) _____
\$ _____ (Name) _____
\$ _____ (Name) _____
\$ _____ TOTAL

Debt

\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	TOTAL	_____

Entertainment

\$ _____	Cable Due: _____
\$ _____	Movies _____
\$ _____	Hobbies: _____
\$ _____	Other: _____
\$ _____	TOTAL _____

Miscellaneous

\$ _____	Magazine, Cigarettes, Candy, etc.
\$ _____	TOTAL _____

Other

\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	TOTAL	_____

\$ _____ TOTAL MONTHLY EXPENSES