

# Budget Worksheet

Monthly Income \$ \_\_\_\_\_

Item	Budgeted Amount
<b><u>HOME</u></b>	
Mortgage/Rent	\$ _____
Second Mortgage	\$ _____
Taxes & Insurance	\$ _____
Repairs	\$ _____
Association Fees	\$ _____

<b><u>UTILITIES</u></b>	
Electric	\$ _____
Gas or Oil	\$ _____
Water & Sewer	\$ _____
Phone (Landline)	\$ _____
Phone (Cellular)	\$ _____
Cable/Satellite	\$ _____
Internet	\$ _____

<b><u>TRANSPORTATION</u></b>	
Car Payment 1	\$ _____
Car Payment 2	\$ _____
Gas	\$ _____
Car Insurance	\$ _____
Repairs/Maintenance	\$ _____
Other Transportation (tolls, bus, parking)	\$ _____

<b><u>INSURANCE</u></b>	
Life Insurance	\$ _____
Disability	\$ _____
Health Insurance	\$ _____

<b><u>DEBT PAYMENTS</u></b>	
Credit Card 1	\$ _____
Credit Card 2	\$ _____
Student Loans	\$ _____
Other Loans	\$ _____

<b><u>FOOD</u></b>	
Groceries	\$ _____
Eating Out	\$ _____

<b><u>FAMILY EXPENSES</u></b>	
Day Care	\$ _____
Child Support	\$ _____
Alimony	\$ _____
School Tuition	\$ _____

Item	Budgeted Amount
<b><u>PERSONAL CARE</u></b>	
Hair Cuts	\$ _____
Prescription Meds.	\$ _____
Toiletries/Make Up	\$ _____
Clothing	\$ _____

<b><u>PETS</u></b>	
Food	\$ _____
Care (vet, grooming, etc.)	\$ _____

<b><u>ENTERTAINMENT</u></b>	
Books & Magazines	\$ _____
Movies/Concerts	\$ _____
Hobbies	\$ _____
Other:	\$ _____

<b><u>GIVING</u></b>	
Tithes	\$ _____
Donations	\$ _____

<b><u>EMERGENCY PLANNING</u></b>	
Equipment	\$ _____
Food	\$ _____
Personal Care	\$ _____
First Aid	\$ _____
Other	\$ _____