

MONTHLY BUDGETING PLAN



Source of Income	Monthly Amount (NET)
Employment (Primary)	\$ _____
Employment (Spouse)	\$ _____
Social Security	\$ _____
Pension	\$ _____
Alimony or Child Support	\$ _____
Commissions	\$ _____
Other	\$ _____
Other	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Housing Expenses	Monthly Amount
Mortgage	\$ _____
2nd Mortgage	\$ _____
Home Equity Loan / Line	\$ _____
Rent	\$ _____
Property Taxes	\$ _____
Condominium Fee	\$ _____
Homeowners / Renters Insurance	\$ _____
House Repairs / Maintenance	\$ _____
Gardening / Pool Service	\$ _____
Other	\$ _____
Other	\$ _____
Total Housing	\$ _____

Utilities Expenses	Monthly Amount
Gas	\$ _____
Oil	\$ _____
Propane	\$ _____
Electricity	\$ _____
Water / Sewer	\$ _____
Trash Removal	\$ _____
Telephone	\$ _____
Cell Phone	\$ _____
Internet	\$ _____
Other	\$ _____
Total Utilities	\$ _____

Health Care Expenses	Monthly Amount
Health Insurance	\$ _____
Prescriptions	\$ _____
Co-pay / Deductibles	\$ _____
Gym Membership	\$ _____
Other	\$ _____
Total Health Care	\$ _____

Food Expenses	Monthly Amount
Groceries	\$ _____
Eating Out Lunch	\$ _____
Dining Out	\$ _____
Coffee / Snacks	\$ _____
Kids Lunch Money	\$ _____
Other	\$ _____
Total Food	\$ _____

Transportation Expenses	Monthly Amount
Auto Payment 1	\$ _____
Auto Payment 2	\$ _____
Auto Payment 3	\$ _____
Gasoline	\$ _____
Insurance	\$ _____
Parking Fees / Tolls	\$ _____
Auto Registration / Plates	\$ _____
Public Transportation	\$ _____
Car Repairs / Maintenance	\$ _____
Other	\$ _____
Total Transportation	\$ _____

MONTHLY BUDGETING PLAN cont'd

Education Expenses	Monthly Amount
Tuition	\$ _____
Books	\$ _____
Other	\$ _____
Total Education	\$ _____

Clothing Expenses	Monthly Amount
Purchases	\$ _____
Laundry	\$ _____
Dry Cleaning	\$ _____
Repairs	\$ _____
Other	\$ _____
Total Clothing	\$ _____

Personal Care Expenses	Monthly Amount
Beauty Salon / Haircuts	\$ _____
Cosmetics	\$ _____
Manicure / Pedicure	\$ _____
Toiletries	\$ _____
Other	\$ _____
Total Personal Care	\$ _____

Pet Expenses	Monthly Amount
Food	\$ _____
Vet	\$ _____
Insurance	\$ _____
Grooming	\$ _____
Other	\$ _____
Total Pets	\$ _____

Entertainment Expenses	Monthly Amount
Cable	\$ _____
Movies	\$ _____
Music	\$ _____
Sports/Extracurricular	\$ _____
Hobbies	\$ _____
Other	\$ _____
Total Entertainment	\$ _____

Childcare Expenses	Monthly Amount
Day Care	\$ _____
School Fees	\$ _____
School Supplies	\$ _____
Doctor Visits	\$ _____
College Funds	\$ _____
Childcare	\$ _____
Other	\$ _____
Other	\$ _____
Total Childcare	\$ _____

Other Expenses	Monthly Amount
Tobacco	\$ _____
Alcohol	\$ _____
Religion	\$ _____
Charity	\$ _____
Lottery	\$ _____
Vacation	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Total Other	\$ _____

Source of Debt	Monthly Amount
Credit Card #1	\$ _____
Credit Card #2	\$ _____
Credit Card #3	\$ _____
Student Loans	\$ _____
Personal Loans	\$ _____
Other	\$ _____
Total Debt	\$ _____

Source of Savings	Monthly Amount
"Now" Savings Account	\$ _____
Other	\$ _____
Other	\$ _____
Total Savings	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____
SUMMARY (Total income minus total expenses)	\$ _____