

Monthly Budget Guide

Month: _____

Income

Sources of Income

Salary 1 _____
 Salary 2 _____
 Alimony _____
 Pension _____
 Child Support _____

Social Security _____
 SSI _____
 Interest _____
 Annuities _____
 Other _____

Total Net Income:**\$** _____

Expenses

Savings

Emergency Fund _____
 Retirement _____
 Housing _____
 Rent/Mortgage _____
 2nd Mortgage _____
 Flood Insurance _____
 Homeowners INS _____
 Real Estate Taxes _____
 Repair/Maint. Fee _____
 Other _____

Utilities

Cable _____
 Cellular Phone _____
 Electricity _____
 Gas _____
 Internet Service _____
 Telephone _____
 Trash/ Sanitation _____
 Water _____

Food

Grocery _____
 Eat Out _____
 Lunches _____
 Pets _____
 Other _____

Transportation

Car Payment 1 _____
 Car Payment 2 _____
 Gas & Oil (*for car*) _____
 Insurance _____
 Repairs _____

Clothing

Adult _____
 Children _____
 Laundry _____

Medical/ Health

Dentist _____
 Disability Ins. _____
 Doctor Bills _____
 Health Ins. _____
 Optometrist _____
 Prescription _____
 Other _____

Personal

Alimony _____
 Child's allowance _____
 Cosmetics _____
 Hair Care/Barber _____
 Gifts _____
 Life Insurance _____

Toiletries _____
 Dues _____
 Subscriptions _____
 Miscellaneous _____

School/Child Care

Baby Sitter _____
 Child Care _____
 Education _____
 School Supplies _____
 School Fees _____
 Transportation _____

Recreation

Entertainment _____
 Vacation _____
 Other _____

Debts

Card 1 _____
 Card 2 _____
 Card 3 _____
 Card 4 _____
 Student Loan _____
 Other _____

Total Expenses:**\$** _____

Now Calculate:

Total Net Income \$ _____
Minus Total Expenses -\$ _____
Total = _____

Are you plus or minus with your monthly budget?