Budget Form

	Gross Household Income		Net Household Income	
	Your Income BEFORE Taxes (A)	Other Income in Your Home BEFORE Taxes (B)	Your Income AFTER taxes (Net Income) (C)	Other Income in your home AFTER taxes (D)
Regular Wages				
Part Time Work				
Rental Income				
Public Assistance				
Unemployment				
Disability				
Social Security				
Pension				
Alimony				
Other				
Sub-Total				
TOTAL INCOME	TOTAL GROSS INCOME (Add columns A and B) \$		TOTAL NET INCOME (Add columns C and D) \$	

Monthly Expenses

Expenses	Amt.	Expenses	Amt.		
Monthly Housing Expenses:	Monthly Food and Groceries:	Monthly Food and Groceries:			
First Mortgage (Last known payment amount, even if you are not currently paying it)		Groceries			
Second Mortgage		Lunch (work or school)			
Cond Fees/Maintenance		Dinner Out			
Homeowner's Insurance (if it is not paid by your bank, also known as "escrowed")		Pet Food			
Property Taxes (if it is not escrowed)		Other			
Cable		TOTAL	\$		
Internet		Monthly Transportation Expen	ses:		
Telephone		Car Payments			
Cell Phone		Insurance			
Gas		Gas			
Water		Maintenance - oil changes, etc.			
Electricity		Tolls			
Other		Parking			
TOTAL	\$	Bus			
Monthly Child-Related Expenses:	Other				
Alimony/Child Support		TOTAL	\$		
Day Care		Monthly Education Expenses:	Monthly Education Expenses:		
Other		Tuition/Fees			
TOTAL	\$	Student Loans			
Monthly Clothing Expenses:	Books/Supplies				
Clothing		Other			
Laundry- including Dry Cleaning		TOTAL	\$		
Other	ner		Other Monthly Expenses:		
TOTAL	\$	Religious Contributions			
Monthly Medical Expenses:	Credit Card Payment				
Insurance		Credit Card Payment			
Premiums/Co-Pays		Credit Card Payment			
Doctor/Dentist		Personal Loans Other			
Medication		Other			
Other					
TOTAL	\$	TOTAL	\$		

My Total Monthly Expenses				
Type of Expense	Amount			
Housing				
Child Related				
Clothing				
Medical				
Food & Grocery				
Transportation				
Education				
Other				
TOTAL MONTHLY EXPENSES	\$			