

Budget Form

Category	Expense	Current Amount	Adjusted Amount
Savings	Savings (goal 1)		
	Savings (goal 2)		
	Total		
Housing & Utilities	Rent/Mortgage		
	Insurance		
	Association Dues		
	Home Maintenance		
	Electricity		
	Gas/Heating Oil		
	Landline Phone		
	Cell Phones		
	Water/Sewage/Garbage		
	Cable/Satellite TV		
	Internet		
Total			
Transportation	Car Payment(s)		
	Insurance		
	Gas		
	Licensing		
	Public Transportation		
	Maintenance		
	Total		
Food	Groceries		
	School Lunches		
	Meals Out		
Total			
Dependent Care	Child Care		
	Child Support/Alimony		
	Tuition		
Total			
Personal Care	Medical		
	Medicine		
	Clothing		
	Hair Care		
	Laundry/Dry Cleaning		
Total			
Giving	Tithe		
	Charitable Giving		
	Other		
	Total		

Income		Person 1	Person 2
Gross Income			
Deductions from Gross	Taxes		
	Insurance		
	Retirement		
	Other		
Total (Net Income)			
		Current Amount	Adjusted Amount
Totals	Total Household Income		
	Total Housing Expenses		
	Total of All Expenses		
	Remaining After Expenses		
Category	Expense	Current Amount	Adjusted Amount
Miscellaneous & Entertainment	Bank Fees/Checks		
	Birthday Gifts		
	Books/Magazines/Papers		
	Camp/Fish/Hunt		
	Child Allowance		
	Christmas Gifts		
	Concerts/Plays		
	Health Club/Training		
	Hobbies		
	Movie Rentals		
	Music/Videos		
	Pet Care		
	Postage		
	School Supplies/Activities		
	Sporting Events		
	Tobacco/Alcohol		
	Vacations		
Total			
Other Debt	Taxes		
	Student Loans		
	Credit Cards		
	Medical Bills		
	Furniture Loans		
	Personal Loans		
	Other		
Total			