

Monthly Budget Financial Worksheet

Name _____ Date _____

<u>Income</u>	<u>GROSS</u>	<u>Deductions</u>	<u>Net</u>
Job #1	_____	_____	_____
Job #2	_____	_____	_____
Job #3	_____	_____	_____
Job #4	_____	_____	_____
Unemployment	_____	_____	_____
Tips/Commission	_____	_____	_____
Overtime	_____	_____	_____
Self-Employment	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Social Security	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Pension	_____	_____	_____
Food Stamps	_____	_____	_____
Cash Assistance	_____	_____	_____
Other	_____	_____	_____
Rents Received	_____	_____	_____
Total	_____	_____	_____
<u>Housing Expenses</u>		<u>Utilities</u>	
Principle & Interest	_____	Electricity	_____
Second Mortgage	_____	Gas	_____
Taxes	_____	Water	_____
Insurance	_____	Sanitation	_____
Condo Association	_____	Telephone (Land)	_____
Lot Rent/Rental Fee	_____	Internet	_____
Equity Line of Credit	_____	Cable/Dish	_____
Subtotal	_____	Cell Phone	_____
		Alarm/Security	_____
		Lawn Upkeep	_____
		Subtotal	_____
<u>Food</u>		<u>Children</u>	
Groceries	_____	Child Support	_____
Toiletries/Cosmetics	_____	Child Care	_____
Cleaning Supplies	_____	Babysitter	_____
Dining Out/Delivery	_____	School Supplies	_____
Vending/Pop Machine	_____	Lunches	_____
Other	_____	Allowances	_____
Diapers/Baby Food	_____	Sports/Activities	_____
Pets	_____	Subtotal	_____
Subtotal	_____		

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Transportation

Gas _____
Insurance _____
Bus/Taxi/Other _____
Maintenance/Repairs _____
Parking _____
Car note _____
Car note _____
Subtotal _____

Credit

Credit Card 1 _____
Credit Card 2 _____
Credit Card 3 _____
Credit Card 4 _____
Credit Card 5 _____
Student Loans _____
Payday Loan _____
Loans & Notes _____
IRS/State tax _____
Subtotal _____

Medical

Long Term Medical Debt _____
Doctor Visit _____
Dentist _____
Prescription Medicine _____
Other _____
Subtotal _____

Insurance

Life _____
Health _____
Dental _____
Disability _____
Other _____
Subtotal _____

Miscellaneous

Hair/Nail Other Beauty _____
Dry Cleaning _____
Magazine/Newspaper _____
Donation/Tithes _____
Clothing _____
Alimony _____
Cigarettes _____
Alcohol _____
Lottery _____
Subtotal _____

Rental Unit Expenses

Mortgage _____
Water _____
Repairs _____
Other _____
Subtotal _____

Total Expenses _____
Total NET Income _____
Difference _____

Savings Account Total _____