

MONTHLY BUDGET

Participant Name: _____

Date Completed/Updated: _____

We are about to create a budget. Do you want it to reflect just your own finances or the finances of your whole household?

(Note to participants: please make sure all of your answers stay consistent with your response to question above.)

___ Budget reflects **participant only**

___ Budget reflects **whole household**

MONTHLY INCOME

\$ _____ Wages (after tax)	\$ _____ Worker's compensation
\$ _____ Income from self-employment or business ownership	\$ _____ Veteran's compensation
\$ _____ Social Security/SSI/SSDI	\$ _____ Rental income
\$ _____ Food Stamps/WIC	\$ _____ Income from other household members
\$ _____ Other public B\benefits	\$ _____ Interest/Investment Income
\$ _____ Alimony/Child Support	\$ _____ Other income
\$ _____ Unemployment	
TOTAL MONTHLY INCOME \$ _____	

MONTHLY EXPENSES

<p style="text-align: center;">Rent, Taxes & Home Maintenance</p> <p>\$ _____ Rent</p> <p>\$ _____ Renter's insurance</p> <p>\$ _____ Mortgage 1 - primary residence</p> <p>\$ _____ Mortgage 2, 3, etc. - primary residence</p> <p>\$ _____ Real estate - other than primary residence</p> <p>\$ _____ Property tax</p> <p>\$ _____ Condo/Townhome fees/assessments</p> <p>\$ _____ Homeowner's insurance</p> <p>\$ _____ Home maintenance (<i>repairs, equipment, etc.</i>)</p> <p>\$ _____ Other housing expenses</p> <p style="text-align: center;">Utilities</p> <p>\$ _____ Gas/heating</p> <p>\$ _____ Electric</p> <p>\$ _____ Water</p> <p>\$ _____ Trash</p> <p>\$ _____ Sewer</p> <p>\$ _____ Phone (landline)</p> <p>\$ _____ Cell phone (<i>do not include cable/internet see Personal Expenses</i>)</p> <p>\$ _____ Other utility expenses</p> <p style="text-align: center;">Transportation</p> <p>\$ _____ Vehicle 1 payment</p> <p>\$ _____ Vehicle 2 payment</p> <p>\$ _____ Vehicle 3 payment</p> <p>\$ _____ Gasoline</p> <p>\$ _____ Car insurance</p> <p>\$ _____ Car maintenance (<i>repairs, oil change, etc.</i>)</p> <p>\$ _____ Public transportation</p> <p>\$ _____ Other transportation expenses</p> <p style="text-align: center;">Child/Dependent Related</p> <p>\$ _____ Childcare/Daycare</p> <p>\$ _____ Child support (<i>non-custodial parent paying the support</i>)</p> <p>\$ _____ Education (<i>for children/dependents</i>) - tuition, books, etc.</p> <p>\$ _____ Other child/dependent related expenses</p>	<p style="text-align: center;">Health-Related</p> <p>\$ _____ Health Insurance not deducted from paycheck</p> <p>\$ _____ Dental Insurance not deducted from paycheck</p> <p>\$ _____ Life insurance (<i>pro-rate if not paid monthly</i>)</p> <p>\$ _____ Monthly medical & prescription bills</p> <p>\$ _____ Other health related expenses</p> <p style="text-align: center;">Credit Card/Loan payments</p> <p>\$ _____ Revolving credit cards</p> <p>\$ _____ Student loans</p> <p>\$ _____ Informal loans (<i>family, friends, etc.</i>)</p> <p>\$ _____ Consumer loans</p> <p>\$ _____ Other debt payment expenses</p> <p style="text-align: center;">Food</p> <p>\$ _____ Groceries</p> <p>\$ _____ Other food expenses (<i>dining, school lunch, etc.</i>)</p> <p style="text-align: center;">Personal Expenses</p> <p>\$ _____ Cable/Internet</p> <p>\$ _____ Laundry/Dry Cleaning</p> <p>\$ _____ Tobacco & Alcohol</p> <p>\$ _____ Clothing & Accessories</p> <p>\$ _____ Hair products/Toiletries</p> <p>\$ _____ Beauty salon/Barber shop</p> <p>\$ _____ Recreation (<i>movies, CD's, vacation, etc.</i>)</p> <p>\$ _____ Other personal expenses</p> <p style="text-align: center;">Miscellaneous Expenses</p> <p>\$ _____ Charitable giving</p> <p>\$ _____ Gifts to others</p> <p>\$ _____ Newspapers/Magazines</p> <p>\$ _____ Pet care</p> <p>\$ _____ Allowances for children/dependents</p> <p>\$ _____ Membership dues (<i>health club, licenses, etc.</i>)</p> <p>\$ _____ Education (<i>not student loan repayment</i>)</p> <p>\$ _____ Financial (<i>bank fees, money orders, ATM, etc.</i>)</p> <p>\$ _____ Other miscellaneous expenses</p> <p style="text-align: right;">TOTAL MONTHLY EXPENSES \$ _____</p>
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TOTAL MONTHLY NET INCOME

Total Monthly Income \$ _____ Total Monthly Expenses \$ _____ Total Monthly Net Income \$ _____

MONTHLY SAVINGS TARGET \$ _____