

# Your Budget Worksheet

<b>Category</b>	<b>Expense</b>	<b>Amount</b>
Income	Person #1 Monthly Income	_____
Income	Person #2 Monthly Income	_____
Income	Child Support Received	_____
Income	Incoming Rent Payments	_____
Income	Miscellaneous Income	_____
Income	Miscellaneous Income	_____
Income	Total Income	_____
Housing	Rent or Mortgage	_____
Housing	Utility Bills	_____
Housing	Internet, Cable and Streaming Services	_____

Housing Mobile Phone Bills \_\_\_\_\_

Housing Property Taxes & Insurance \_\_\_\_\_

Housing Maintenance Costs \_\_\_\_\_

Housing Other Housing Expenses \_\_\_\_\_

Housing Total Housing Expenses \_\_\_\_\_

Food Groceries \_\_\_\_\_

Food Dining Out \_\_\_\_\_

Food Other Food Expenses \_\_\_\_\_

Food Total Food Expenses \_\_\_\_\_

Transportation Car Payment(s) \_\_\_\_\_

Transportation Auto Insurance \_\_\_\_\_

Transportation Public Transportation \_\_\_\_\_

Transportation Gas \_\_\_\_\_

Transportation Maintenance Costs \_\_\_\_\_

Transportation Parking & Tolls \_\_\_\_\_

Transportation Other Transportation Expenses \_\_\_\_\_

Transportation Total Transportation Expenses \_\_\_\_\_

Health & Family Child Care \_\_\_\_\_

Health & Family Child Support Payments \_\_\_\_\_

Health & Family Prescriptions \_\_\_\_\_

Health & Family Health Insurance \_\_\_\_\_

Health & Family Gym Membership \_\_\_\_\_

Health & Family Pet Costs \_\_\_\_\_

Health & Family Educational Expenses \_\_\_\_\_

Health & Family	Other Health & Family Expenses	_____
Health & Family	Total Health & Family Expenses	_____
Personal	Clothing/Seasonal Shopping	_____
Personal	Dry Cleaning	_____
Personal	Salon	_____
Personal	Entertainment	_____
Personal	Donations	_____
Personal	Other Personal Expenses	_____
Personal	Total Personal Expenses	_____
Other	Student Loan Payments	_____
Other	Prepaid / Phone Cards	_____
Other	Credit Card Payment #1	_____

Other	Credit Card Payment #2	_____
Other	Credit Card Payment #3	_____
Other	Other Expenses	_____
Other	Total Other Expenses	_____
Total Expenses	_____	
Savings	For Unexpected Expenses	_____
Savings	For Planned Vacations	_____
Savings	For Educational Expenses	_____
Savings	For Retirement	_____
Savings	For Holidays/Birthdays	_____
Savings	Other Savings	_____
Savings	Total Savings	_____
Monthly Total	Monthly Income	_____

Monthly Total

Monthly Expenses

\_\_\_\_\_

Monthly Total

Monthly Savings

\_\_\_\_\_

Monthly Total

Income less Expenses less Savings

\_\_\_\_\_

Let's take a look at your budget. Did you overspend or have excess income?

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Why?

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