

BUDGET WORKSHEET

Name _____ Date _____

Category	Monthly Living Expenses	Amount	How often	Monthly Expense Amount Set Aside	Projected Increase Expected (office use only)
	SAVINGS				
Housing	Dorm/Rent/Mortgage				
	Second Mortgage				
	*Property Insurance				
	*Property taxes (Real Estate not included in mortgage)				
	Electricity (monthly average)				
	Gas or Heat (monthly average)				
	Water/Sewer				
	*Home Repair/Maintenance				
	Telephone				
	Cell Phone				
	Garbage				
	Cable Television				
	Internet Service				
Transport	Car Payment				
	*Auto Insurance				
	Gasoline				
	*Auto Repair/Maintenance				
	*Auto License and Taxes				
	Bus, Taxi, Parking Fees				
Health Related Expenses	*Medical/Life/Disability Insurance (not deducted from paycheck)				
	Medications/Prescription Drugs				
	Doctor/Dentist Office Calls				
	Medical Supplies/Equipment				
Household	Food for family of _____				
	Non-Food (paper, laundry, cleaning supplies, etc.)				
	Food at work/school (average 20 days per month)				
	Pet food and supplies				
	*Pet Care				

Category	Monthly Living Expenses	Amount	How often	Monthly Expense Set Aside Amount	Projected Increase Expected (office use only)
Personal	Personal Care/Hygiene items				
	*Clothing (shoes, coats, etc.)				
	Laundry and Dry Cleaning				
	Alcohol and Tobacco				
	Barber/Beauty expenses				
	*Gifts (birthday, holiday, etc.)				
	Donations (church, charity, etc.)				
	*Professional licenses/dues				
Children	Childcare				
	Infant Supplies (formula, diapers, etc.)				
	School lunches (average 20 days per month)				
	School Tuition and supplies				
	Allowances				
Bills, Accounts Due	Alimony/Child Support				
	Credit Card Payments(total)				
	Other Loan Payments				
	Student Loan Payments				
	*Income Tax Liability				
Entertainment Recreation	Memberships (health, video, music, book clubs, etc.)				
	Subscriptions (newspaper, magazine, etc.)				
	Video Rentals / Movies				
	Dining out/Recreation/ Entertainment				
	Sports/Hobbies/Music				
	Babysitting				

Category	Monthly Living Expenses	Amount	How often	Monthly Expense Set Aside Amount	Projected Increase Expected (office use only)
Education	Tuition and Fees				
	Books and Supplies				
	Parking Fees				
	Tutoring Aids				
	Practicum/Internship Expenses				
	Additional Daycare Expenses				
	TOTAL MONTHLY EXPENSE				

Total Monthly Income _____

(-) Total Monthly Expenses _____

Balance _____

Flexible and/or Lifestyle Expenses _____

* Annual and/or Seasonal Expenses
 (Total cost should be divided by 12 months and
 the amount set aside for these expenses) _____