

Name _____
 Monthly Budget Worksheet
 as of (Date) _____

INCOME		Monthly	Total	
Take Home				
Take Home				
Total Income				
EXPENSES				
Home:				
Mortgage				
Second Mortgage				
Cable/Internet				
Electric				
Gas				
Homeowners Insurance				
Maintenance				
Real Estate Taxes				
Savings				
Storage Unit				
Telephone/Cell Phone				
Trash				
Water & Sewer				
Family				
Allowances				
Children(s) Activities				
Child Care				
Clothing				
Dues/Memberships				
Education				
Gifts/Christmas				
Groceries				
Hair Cuts				
Laundry/dry cleaning				
Life Insurance				
Meals Out				
Medical				
Medical Insurance				
Supscriptions				
Tithes/Contributions				
Vacations/Trips				
Transportation				
Gasoline				
Insurance				
Loan payment(s)				
Maintenance				
Credit Card Debt (please list)				
Other (please list)				
TOTAL EXPENSES				
NET				