

MONTHLY BUDGET

Name: _____

Date: _____

INCOME			
Sources	Amount		
1) Take Home Pay		Total Income	\$0
2) Gifts		Total Expenses	\$0
3) Government Benefits		Difference	\$0
4) OTHER			
Total Income:	\$0	Monthly Savings	

EXPENSES		
Housing/Living Expenses		Notes
Rent/Mortgage		
Insurance (home, apartment, life)		
Electricity		
Heating		
Home Maintenance, Repairs, Etc.		
Cell Phone		
Home Phone, Cable, and/or Internet		
Water, Sewer, Trash		
Groceries		
Laundry (laundromat, dry cleaning)		
Pet (food, medicine, toys, vet)		
Toiletries (shampoo, deoderant, lotion)		
OTHER		
Total:		
Childcare & Schooling (self or child)		Notes
Daycare, Babysitting, Summer Camp		
Diapers, Wipes, Formula, Etc.		
Supplies, Field Trips, Etc.		
Activities (sports, clubs, etc.)		
School Tuition, Books, Uniforms, Etc.		
OTHER		
Total:		
Transportation		Notes
Car Payment		
Auto Insurance		
Gas		
Oil Changes, Repairs, Inspection, Etc.		
Uber, Public Transportation, Parking, Tolls		
OTHER		
Total:		
Healthcare		Notes

Insurance Premium/monthly costs		
Copays (doctor, specialist, dental, vision)		
Contraceptives		
Prescriptions, Vitamins, Over-the Counter		
OTHER		
Total:		
Debt Payments		Notes
Outstanding Cable/Phone/Utility Bills		
Medical Debt		
Student or Personal Loans		
OTHER		
Total:		
Variable Expenses		
Eating Out		
Clothing, Shoes, Etc.		
Hair Care: Beauty, Barber, Salon		
Self Care: Gym, spa, nails		
Subscriptions, Memberships, Tithing		
Gifts, Parties (birthdays, holidays)		
Storage Unit		
Vapes, cigarettes, alcohol		
Movies, Vacations, Day Trips, etc.		
OTHER		
Total:		