

Budget for the month of:

- Complete all fields that apply.
- Track your monthly expenses for a month or two with this worksheet to see where you are spending your money.
- Fields with * are not monthly bills but savings plans for expenses likely to occur throughout the year. Consider budgeting a set amount for each that might apply to you so when bills associated with the item occur you have already saved the money to pay the bills.
- If your budget is tight, skimp on entertainment, eating out, vacation, etc. Do not skimp on your personal savings account except as a last resort.
- If you are having trouble, consider making an appointment with a credit counselor. Bring this worksheet so the counselor can see where your money is going.

| Category | Monthly Budget | Monthly Actual | Difference | Notes |
|-------------------------------------------------------------|----------------|----------------|------------|-------|
| Income | | | | |
| Monthly Pay (after taxes) Alimony or child support received | | | | |
| Other income | | | | |
| Total Monthly Income | | | | |
| Expenses: Housing | | | | |
| Mortgage or Rent | | | | |
| Real Estate Property Tax | | | | |
| Personal Property Tax | | | | |
| Homeowner's or Renters Insurance | | | | |
| Homeowners Assn. or Condo Fees | | | | |
| Total Housing Expenses | | | | |
| Expenses: Utilities | | | | |
| Electric | | | | |
| Gas/Heating Oil | | | | |
| Water/Sewage | | | | |
| Telephone | | | | |
| Trash Collection | | | | |
| Cable TV | | | | |
| Total Utilities Expenses | | | | |

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| Category | Monthly Budget | Monthly Actual | Difference | Notes |
|------------------------------------------------------------------------------------------------------------------------|----------------|----------------|------------|-------|
| Expenses: Health/Medical | | | | |
| *Are amounts that you can budget for so when unplanned visits happen, you have money saved to pay the bills. | | | | |
| Medical Insurance | | | | |
| Dental Insurance | | | | |
| Doctor/Lab Bills* | | | | |
| Dentist Bills* | | | | |
| Orthodontist Bills * | | | | |
| Therapist Bills* | | | | |
| Eyeglasses/Ophthalmologist* | | | | |
| Hospital/Emergency* | | | | |
| Medicines* | | | | |
| Other | | | | |
| Total Health/Medical Expenses | | | | |
| Expenses: Transportation | | | | |
| *Are amounts that you can budget for so when unplanned or annual bills are due, you have money saved to pay the bills. | | | | |
| Car Payment | | | | |
| Car Insurance | | | | |
| Car Maintenance/Repair* | | | | |
| Mass Transit Costs | | | | |
| Gas | | | | |
| Parking/Tolls | | | | |
| Tags/Inspection* | | | | |
| Total Transportation Expenses | | | | |
| Expenses: Credit Cards, loans and other expenses | | | | |
| *Are amounts that you can budget for so when unplanned or annual bills are due, you have money saved to pay the bills. | | | | |
| Credit Card: Balance: | | | | |
| Credit Card: Balance: | | | | |
| Credit Card: Balance: | | | | |
| Student Loan | | | | |
| Legal Fees | | | | |
| Alimony or child support paid | | | | |
| Total Credit Card and other loans | | | | |
| Expenses: Food & Entertainment | | | | |
| Groceries: | | | | |
| Meals out: | | | | |
| Entertainment (movies, etc.): | | | | |
| Hobbies: | | | | |
| Total Food & Entertainment Expenses | | | | |

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| Category | Monthly Budget | Monthly Actual | Difference | Notes |
|------------------------------------------------------------------------------------------------------------------------|----------------|----------------|------------|-------|
| Expenses: Children | | | | |
| Child care: | | | | |
| School tuition: | | | | |
| Lunch money: | | | | |
| School supplies: | | | | |
| Lessons/sports: | | | | |
| New clothing: | | | | |
| Personal grooming: | | | | |
| Allowances: | | | | |
| Other: | | | | |
| Total Children Expenses | | | | |
| Expenses: Personal | | | | |
| Dry cleaning/laundry: | | | | |
| Personal grooming: | | | | |
| New clothing: | | | | |
| Total Personal Expenses | | | | |
| Expenses: Savings/Large Expenses | | | | |
| *Are amounts that you can budget for so when unplanned or annual bills are due, you have money saved to pay the bills. | | | | |
| Personal Savings | | | | |
| Gifts (holiday, birthday)* | | | | |
| House maintenance/repair* | | | | |
| Furniture* | | | | |
| Church/Charity* | | | | |
| Vacation* | | | | |
| Total Savings/Large Expenses | | | | |
| Total Monthly Income | | | | |
| Total Monthly Expenses | | | | |
| Difference | | | | |