

Personal Household Budget

INCOME

Annual Income:

Your Wages (W-2 & 1099)	\$ _____
Your Spouse's Wages (W-2 & 1099)	\$ _____
Other Income (Child Support, Retirement, etc.)	\$ _____
(1) TOTAL Monthly Income	\$ _____

EXPENSES

Monthly Housing Expenses:

Property Taxes, Water & Sewer	\$ _____
Rent (List Mortgage Payment Under Debt)	\$ _____
Homeowner/Renters Insurance	\$ _____
Gas/Electric	\$ _____
Phone, Local & Long Distance Calls	\$ _____
DSL or High Speed Internet	\$ _____
Cell Phone	\$ _____
Cable TV & Video Rentals	\$ _____
Cleaning Supplies & Service	\$ _____
Lawn Care	\$ _____
Other Maintenance	\$ _____
(2) TOTAL Housing Expenses	\$ _____

Monthly Food Expenses:

Groceries	\$ _____
School Lunches	\$ _____
Out to Eat Expense	\$ _____
(3) TOTAL Food Expenses	\$ _____

Monthly Transportation Expenses (List Car Payment Under Debt):

Gas Costs for Vehicle	\$ _____
Vehicle Repairs & Oil Changes	\$ _____
Parking	\$ _____
Public Transportation	\$ _____
(4) TOTAL Transportation Expenses	\$ _____

Monthly Clothing Expenses:

Clothes for Self/Spouse	\$ _____
Work Clothes/Uniforms	\$ _____
Laundry/Dry Cleaning	\$ _____
Clothes for Children	\$ _____
Other	\$ _____
(5) TOTAL Clothing Expenses	\$ _____

Monthly Health Expenses:

Health Care Premium	\$ _____
Life Insurance	\$ _____
Doctor & Dentist Co-Pays	\$ _____

(6) TOTAL Health Expenses \$ _____

Monthly Miscellaneous Expense:

Charity	\$ _____
Tuition	\$ _____
Personal Care (Hair Grooming, Gym, etc)	\$ _____
Recreation/Entertainment	\$ _____
Pets	\$ _____
Organization & Membership Dues	\$ _____
Newspaper/Magazines	\$ _____
Child Care & Family Obligations	\$ _____
Cigarettes & Alcohol	\$ _____
Other	\$ _____

(7) TOTAL Miscellaneous Expenses \$ _____

Monthly Debt Payments:

Provide Name and Monthly Payment (example CITI Visa \$32.00)

Credit Card Name	_____	\$ _____
Credit Card Name	_____	\$ _____
Credit Card Name	_____	\$ _____
Personal Line of Credit	_____	\$ _____
Auto Loan	_____	\$ _____
Auto Loan	_____	\$ _____
Student Loans	_____	\$ _____
Home Mortgage	_____	\$ _____
Equity Line of Credit	_____	\$ _____
Back Taxes	_____	\$ _____
Judgments	_____	\$ _____
Child Support	_____	\$ _____

(8) TOTAL Other Debts \$ _____

(9) TOTAL Monthly Expenses (Sum of 2 through 8) \$ _____

Monthly Savings:

Savings	\$ _____
Emergency Fund	\$ _____
Retirement	\$ _____
Special Needs (Identify) _____	\$ _____

(10) TOTAL Savings \$ _____

SUMMARY	
Monthly Income (Line 1)	\$ _____
MINUS Total Monthly Expenses and Debt (Line 9)	\$ _____
Equals: Net Monthly Income or Loss w/o Savings	\$ <input type="text"/>
PLUS Total Savings (Line 10)	\$ _____
Equals: Net Monthly Income or Loss	\$ <input type="text"/>

Sign Name

Print Name

Date