**Budget for the month of:**

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* Complete all fields that apply.
* Track your monthly expenses for at least two months with this worksheet to see where you are spending your money.
* Fields with an \* are not monthly bills but expenses likely to occur throughout the year. Budget and save a set amount for each that might apply to you so you have the extra money to pay these 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.

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| **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 Renter’s Insurance |  |  |  |  |
| Homeowner’s Association Condo Fees |  |  |  |  |
| **Total Housing Expenses** |  |  |  |  |
| **Expenses: Utilities** | | | | |
| Electric |  |  |  |  |
| Gas/Heating Oil |  |  |  |  |
| Water/Sewage |  |  |  |  |
| Telephone |  |  |  |  |
| Trash Collection |  |  |  |  |
| Cable TV |  |  |  |  |
| Internet Provider |  |  |  |  |
| Cell Phone |  |  |  |  |

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| **Category** | **Monthly Budget** | | **Monthly Actual** | | **Difference** | | **Notes** | |
| **Expenses: Health/Medical**  \*Expenses that you can budget for, so you have money saved to pay for unplanned or annual bills. | | | | | | | | |
| Medical Insurance | |  | |  | |  | |  |
| Dentist/Dental Insurance | |  | |  | |  | |  |
| Doctor/Lab\*/ Therapist\* | |  | |  | |  | |  |
| Orthodontist\* | |  | |  | |  | |  |
| Eyeglasses/Ophthalmologist\* | |  | |  | |  | |  |
| Hospital/Emergency\* | |  | |  | |  | |  |
| Medicines\* | |  | |  | |  | |  |
| Other | |  | |  | |  | |  |
| **Total Health/Medical Expenses** | |  | |  | |  | |  |
| **Expenses: Transportation**  \*Expenses you can budget for, so you have money saved to pay for unplanned or annual bills. | | | | | | | | |
| Car Payments |  | |  | |  | |  | |
| Car Insurance |  | |  | |  | |  | |
| Car Maintenance/Repair\* |  | |  | |  | |  | |
| Mass Transit Costs |  | |  | |  | |  | |
| Gas |  | |  | |  | |  | |
| Parking/Tolls |  | |  | |  | |  | |
| Tags/Inspection\* |  | |  | |  | |  | |
| **Total Transportation Expenses** |  | |  | |  | |  | |
| **Expenses: Credit Cards, Loans, Other Expenses**  \*Expenses you can budget for, so you have money saved to pay for unplanned or annual bills. | | | | | | | | |
| Credit Card:  Balance: |  | |  | |  | |  | |
| Credit Card:  Balance: |  | |  | |  | |  | |
| Credit Card:  Balance: |  | |  | |  | |  | |
| Student Loans |  | |  | |  | |  | |
| Legal Fees |  | |  | |  | |  | |
| Alimony or Child Support Paid |  | |  | |  | |  | |
| **Total Credit**  **Card/Loan/Other Exp.** |  | |  | |  | |  | |

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| **Category** | **Monthly Budget** | **Monthly Actual** | **Difference** | **Notes** |
| **Expenses: Food and Entertainment** | | | | |
| Groceries/Meals Out |  |  |  |  |
| Entertainment (movies, etc.) |  |  |  |  |
| **Total Food and Entertainment** |  |  |  |  |
| **Expenses: Children** | | | | |
| Child Care |  |  |  |  |
| School Tuition/Supplies |  |  |  |  |
| Lunch Money |  |  |  |  |
| Lessons/Sports |  |  |  |  |
| New Clothing/Personal Grooming |  |  |  |  |
| Other |  |  |  |  |
| **Total Children Expenses** |  |  |  |  |
| **Expenses: Personal** | | | | |
| Dry Cleaning/Laundry |  |  |  |  |
| Personal Grooming |  |  |  |  |
| New Clothing |  |  |  |  |
| **Total Personal Expenses** |  |  |  |  |
| **Expenses: Savings/Large Expenses**  “Expenses you can budget for, so you have money saved to pay for unplanned or annual bills. | | | | |
| Personal Savings amt going into an acct each month? |  |  |  |  |
| Gifts (holiday, birthday)\* |  |  |  |  |
| House Maintenance/Repairs\* |  |  |  |  |
| Furniture\* |  |  |  |  |
| Church/Charity\* |  |  |  |  |
| Vacation\* |  |  |  |  |
| **Total Savings/Large Expenses** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Monthly Income** |  |  |  |  |
| **Total Monthly Expenses** |  |  |  |  |
| **Difference** |  |  |  |  |