

# Budget Worksheet

## *Income Sources*

\$ \_\_\_\_\_ Salary  
\$ \_\_\_\_\_ Salary, spouse  
\$ \_\_\_\_\_ Support Payments  
\$ \_\_\_\_\_ Public Assistance (Cash)  
\$ \_\_\_\_\_ Other (Gifts, Sales, etc.)  
\$ \_\_\_\_\_ TOTAL MONTHLY INCOME

## *Expenses*

### **Savings**

\$ \_\_\_\_\_ TOTAL MONTHLY SAVINGS

### **Transportation**

\$ \_\_\_\_\_ Gas  
\$ \_\_\_\_\_ Insurance Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Car Payment Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Maintenance  
\$ \_\_\_\_\_ Public Transportation  
\$ \_\_\_\_\_ TOTAL

### **Housing**

\$ \_\_\_\_\_ Rent/Mortgage Payment Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Insurance Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Repairs  
\$ \_\_\_\_\_ Furniture  
\$ \_\_\_\_\_ Electricity Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Water Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Heating Fuel (Gas, propane) Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Garbage Pickup Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Telephone Due: \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL

**Groceries/Sundries**

\$ \_\_\_\_\_ Food  
\$ \_\_\_\_\_ Household Items (cleaning supplies, etc.)  
\$ \_\_\_\_\_ Personal Items (shampoo, soap, etc.)  
\$ \_\_\_\_\_ Laundry  
\$ \_\_\_\_\_ TOTAL

**Child Care**

\$ \_\_\_\_\_ Daycare Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Other  
\$ \_\_\_\_\_ TOTAL

**Medical**

\$ \_\_\_\_\_ Doctor Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Hospital Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Dentist Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Medicine  
\$ \_\_\_\_\_ TOTAL

**Insurance**

\$ \_\_\_\_\_ Health Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Other Due: \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL

**Clothing**

\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL

**Debt**

\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	TOTAL	_____

**Entertainment**

\$ _____	Cable Due: _____
\$ _____	Movies _____
\$ _____	Hobbies: _____
\$ _____	Other: _____
\$ _____	TOTAL _____

**Miscellaneous**

\$ _____	Magazine, Cigarettes, Candy, etc.
\$ _____	TOTAL _____

**Other**

\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	_____	Due: _____
\$ _____	TOTAL	_____

\$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES