## Household monthly budget

Please complete this form with your budget information so you can review your financial situation with your housing counselor or mortgage loan servicer. Be sure to have it with you when you speak with them.
A. Household expenses

| Fixed monthly expenses |  |
| :--- | :--- |
| Mortgage |  |
| Second mortgage |  |
| Gas and electric |  |
| Heating oil |  |
| Water and sewer |  |
| Telephone |  |
| Car payment one |  |
| Car payment two |  |
| Auto insurance |  |
| Life insurance |  |
| Medical insurance |  |
| Alimony/child support |  |
| Alarm system |  |
| Property taxes/insurance |  |
| Other/Minimum credit card payment |  |
| Subtotal, FIXED expenses |  |


| Variable monthly expenses | Payment |
| :--- | :--- |
| Groceries |  |
| Eating out |  |
| Gas |  |
| Bus/taxi/parking |  |
| Car repair |  |
| Toiletries/hair care |  |
| Medical/prescriptions |  |
| Day care |  |
| Cable TV |  |
| Clothing/laundry |  |
| Lottery |  |
| Church/charity |  |
| Entertainment |  |
| Cell phone |  |
| Other |  |
| Subtotal, VARIABLE expenses |  |

Add Fixed and Variable expenses to get TOTAL MONTHLY EXPENSES

## B. Your monthly income

| Before taxes | After taxes |
| :--- | :--- |

Spouse or partner's income:

| Before taxes | After taxes |
| :--- | :--- |
|  |  |
|  |  |

## Other household income:

| Before taxes | After taxes |
| :--- | :--- |
|  |  |
|  |  |

## C. Credit card and other debts:

| Creditor name | Min. payment | Balance |
| :--- | :--- | :--- |
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## D. Surplus/deficit:

| Total net monthly household income |  |
| :--- | :--- |
| Subtract total monthly expenses |  |
| = Monthly surplus or deficit |  |

