

# Personal Budget Form

Monthly Income (checks or cash): \_\_\_\_\_.

Monthly Fixed Expenses:

- Rent/mortgage (principal, tax, insurance): \_\_\_\_\_.
- Life insurance: \_\_\_\_\_.
- Medical/health insurance: \_\_\_\_\_.
- Vehicle insurance: \_\_\_\_\_.
- Disability insurance: \_\_\_\_\_.
- Household insurance: \_\_\_\_\_.
- Car payments: \_\_\_\_\_.
- Other loan payments: \_\_\_\_\_.
- Savings: \_\_\_\_\_.
- Emergency savings: \_\_\_\_\_.
- Other (list): \_\_\_\_\_.

Monthly Flexible Expenses:

- Utilities (electric, gas, water, phone, fuel oil, etc.): \_\_\_\_\_.
- Credit card payments: \_\_\_\_\_.
- Public Transportation: \_\_\_\_\_.
- Auto upkeep (gasoline, oil, maintenance): \_\_\_\_\_.
- Food (at home and away from home): \_\_\_\_\_.
- Clothing: \_\_\_\_\_.
- Household supplies: \_\_\_\_\_.
- Medical/dental costs: \_\_\_\_\_.
- Recreation/entertainment: \_\_\_\_\_.
- Childcare: \_\_\_\_\_.
- Training/ Education: \_\_\_\_\_.
- Personal allowances: \_\_\_\_\_.
- Other (list): \_\_\_\_\_.

Total Monthly Expenses: \_\_\_\_\_.

Total Income Minus Total Expenses: \_\_\_\_\_.

Add or Minus Balance from Previous Month: \_\_\_\_\_.



For more information see <http://www.bwss.org>