

Budget for the month of:

□ Complete all fields that apply.

Buying and Owning a Home Monthly Budget Worksheet

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| □ I rack your monthly expenses for a month or two with this worksheet to see where you are spending | | | | | | | | |
|---|----------------|----------------|------------|-------|--|--|--|--|
| your money. Fields with * are not monthly bills but savings plans for expenses likely to occur throughout the year. Consider budgeting a set amount for each that might apply to you so when bills associated with the item occur you have already saved the money to pay the 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. | | | | | | | | |
| 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 | | | | | | | | |
| Renters Insurance | | | | | | | | |
| Homeowners Assn. or Condo | | | | | | | | |
| Fees | | | | | | | | |
| Total Housing Expenses | | | | | | | | |
| Expenses: Utilities | | | | | | | | |
| Electric | | | | | | | | |
| Gas/Heating Oil | | | | | | | | |
| Water/Sewage | | | | | | | | |
| Telephone | | | | | | | | |
| Trash Collection | | | | | | | | |
| Cable TV | | | | | | | | |
| Total Utilities Expenses | | | | | | | | |
| | | | | 1 | | | | |

Form continued on next page ▼



| Category | Monthly Budget | Monthly Actual | Difference | Notes | | | |
|---|------------------------|-------------------------|---------------------|--------------------------|--|--|--|
| Expenses: Health/Medical | | | | | | | |
| *Are amounts that you can budg | get for so when unplan | ned visits happen, you | have money saved to | pay the bills. | | | |
| Medical Insurance | | | | | | | |
| Dental Insurance | | | | | | | |
| Doctor/Lab Bills* | | | | | | | |
| Dentist Bills* | | | | | | | |
| Orthodontist Bills * | | | | | | | |
| Therapist Bills* | | | | | | | |
| Eyeglasses/Ophthalmologist* | | | | | | | |
| Hospital/Emergency* | | | | | | | |
| Medicines* | | | | | | | |
| Other | | | | | | | |
| Total Health/Medical Expenses | | | | | | | |
| Expenses: Transportati | on | | | | | | |
| *Are amounts that you can budg | | ned or annual bills are | due, you have money | saved to pay the bills. | | | |
| Car Payment | | | | · ý | | | |
| Car Insurance | | | | | | | |
| Car Maintenance/Repair* | | | | | | | |
| Mass Transit Costs | | | | | | | |
| Gas | | | | | | | |
| Parking/Tolls | | | | | | | |
| Tags/Inspection* | | | | | | | |
| Total Transportation Expenses | | | | | | | |
| Expenses: Credit Cards | , loans and other | expenses | due vou beve money | y agyod to pay the hills | | | |
| *Are amounts that you can budo Credit Card: | get for so when unplan | ned or annual bills are | due, you nave money | saved to pay the bills. | | | |
| Balance: | | | | | | | |
| Credit Card: | | | | | | | |
| Balance: | | | | | | | |
| Credit Card: | | | | | | | |
| Balance: | | | | | | | |
| Student Loan | | | | | | | |
| Legal Fees | | | | | | | |
| Alimony or child support paid | | | | | | | |
| 7 amiliony of ormid dupport paid | | | | | | | |
| Total Credit Card and other | | | | | | | |
| loans | | | | | | | |
| | | | | | | | |
| Expenses: Food & Ente | rtainment | | | | | | |
| Groceries: | | | | | | | |
| Meals out: | | | | | | | |
| Entertainment (movies, etc.): | | | | | | | |
| Hobbies: | | | | | | | |
| Total Food & Entertainment Expenses | | | | | | | |



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|---------------------------------|-----------------------|-------------------------|---------------------|-------------------------|--|--|--|--|
| Category | Monthly Budget | Monthly Actual | Difference | Notes | | | | |
| Expenses: Children | | | | | | | | |
| Child care: | | | | | | | | |
| School tuition: | | | | | | | | |
| Lunch money: | | | | | | | | |
| School supplies: | | | | | | | | |
| Lessons/sports: | | | | | | | | |
| New clothing: | | | | | | | | |
| Personal grooming: | | | | | | | | |
| Allowances: | | | | | | | | |
| Other: | | | | | | | | |
| Total Children Expenses | | | | | | | | |
| Expenses: Personal | | | | | | | | |
| Dry cleaning/laundry: | | | | | | | | |
| Personal grooming: | | | | | | | | |
| New clothing: | | | | | | | | |
| Total Personal Expenses | | | | | | | | |
| Expenses: Savings/Larg | ge Expenses | | | | | | | |
| *Are amounts that you can budg | et for so when unplan | ned or annual bills are | due, you have money | saved to pay the bills. | | | | |
| Personal Savings | | | | | | | | |
| Gifts (holiday, birthday)* | | | | | | | | |
| House maintenance/repair* | | | | | | | | |
| Furniture* | | | | | | | | |
| Church/Charity* | | | | | | | | |
| Vacation* | | | | | | | | |
| Total Savings/Large Expenses | | | | | | | | |
| | | | | | | | | |
| Total Monthly Income | | | | | | | | |
| Total Monthly Income | | | | | | | | |
| Total Monthly Expenses | | | | | | | | |
| Difference | | | | | | | | |