

Name:	MONTHLY BUDGET		
Date:	Estimated	Actual	Proposed
<small>Estimated = what you think you are spending; Actual = what you actually spend after you track your spending; Proposed = your spending/SAVINGS plan</small>			
INCOME			
TOTAL NET MONTHLY INCOME			
EXPENSES			
PERSONAL			
Auto Insurance			
Auto Gas			
Auto Repairs/Tabs (Annual/12)			
BIRTHDAY/HOLIDAY			
GROCERIES			
Pet Costs			
Household Items (toiletries, cleaning)			
RENT			
Renters Insurance			
UTILITIES			
Telephone			
Cell phone			
Cable			
Internet			
Water/Sewer/Garbage			
Electric/Gas			
DAY CARE/SCHOOL EXPENSES			
SUBSCRIPTIONS/MEMBERSHIPS			
WORK EXPENSES			
EATING OUT			
Coffee/Tea			
Lunches			
TITHES (Religious offerings)			
CLOTHING			
VACATION			
ENTERTAINMENT			
LIFE Insurance (if not from paycheck)			
HEALTH Insurance (same as above)			
MONTHLY DEBTS (CC, Loans)			
SAVINGS (5%-10% of income)			
PAYMENT SHOCK			
<small>(payment shock = future mortgage payment minus current rent)</small>			
TOTALEXPENSES			
+/-			

If you do not keep a budget at this time, please complete the ESTIMATED column (with your current monthly expenses) before your HomeSight counseling appointment.