

Budget Worksheet

Monthly Bills

Monthly Expense	Amount
Giving:	
Rent/Mortgage:	
Food:	
Electric:	
Water:	
Garbage:	
Phone/Cell:	
Internet:	
Gas:	
Car Insurance:	
Health Insurance:	
Life Insurance:	
Disability Insurance:	
Total Bills:	
Extras:	
Alcoholics:	
Total Extras:	
Monthly Total	

Monthly Income

Source:	Amount
Total Income:	

Monthly Income:	_____
Monthly Bills:	_____
Total Left to apply to debts	_____

Debts

Debts:	Amount Applied:	Still Owed:
Total Debts:		