

Household Budget Worksheet

List all current, regular gross income for the borrower and any co-borrower

| Income | Borrower | Co-Borrower |
|-----------------------------------|-----------------|--------------------|
| Monthly pay (before taxes) | | |
| Part-time or seasonal income | | |
| Dividends/interest earnings | | |
| Business or investment earnings | | |
| Pension/Social Security benefits | | |
| Veteran Administration benefits | | |
| Unemployment compensation | | |
| Public assistance | | |
| 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 renter's insurance | | |
| Homeowner's association or condo fees | | |
| Total Housing Expenses | | |

List all current expenses. Determine the monthly average for quarterly and annual expenses.

Expenses: Utilities

| | | |
|------------------------|--|--|
| Electric | | |
| Gas/heating oil | | |
| Water/sewage | | |
| Telephone | | |
| Trash collection | | |
| Cable TV | | |
| Internet provider | | |
| Cell phone | | |
| Total Utilities | | |

Expenses: Health/Medical

| | | |
|-----------------------------|--|--|
| Life insurance | | |
| Medical insurance | | |
| Dental insurance | | |
| Doctor/lab | | |
| Dentist/Orthodontist | | |
| Therapist | | |
| Eyeglasses/ophthalmologist | | |
| Hospital/emergency | | |
| Medicines | | |
| Other | | |
| Total Health/Medical | | |

Expenses: Transportation

| | | |
|--------------------------------------|--|--|
| Car payments | | |
| Car Insurance | | |
| Car maintenance/repair | | |
| Mass transit costs | | |
| Gas | | |
| Parking/tolls | | |
| Tags/inspection | | |
| Total Transportation Expenses | | |