

BUDGET WORKSHEET

	Monthly	Annual
INCOME		
Net Income	_____	_____
Maintenance	_____	_____
Child Support	_____	_____
Other	_____	_____
Total Income	_____	_____
EXPENSES		
Housing		
Mortgage Payment	_____	_____
Rent	_____	_____
Utilities	_____	_____
Phone	_____	_____
Other	_____	_____
Total Housing	_____	_____
Food / Beverage	_____	_____
Daycare	_____	_____
Clothing / personal Care	_____	_____
Transportation		
Auto Payment / Lease	_____	_____
Gas	_____	_____
Repairs	_____	_____
Registration	_____	_____
Insurance	_____	_____
Other	_____	_____
Total Transportation	_____	_____
Medical		
Health Insurance	_____	_____
Deductible	_____	_____
Doctor / Dentist	_____	_____
Optical	_____	_____
Prescriptions	_____	_____
Total Medical	_____	_____