American Debt Counseling, Inc.

A 501(c)(3) Non-Profit Organization
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Monthly Budget Worksheet

INCOME:

Primary	$
Secondary	$
Other income	$
Total Net Income	**$**

EXPENSES:

HOUSING EXPENSES

Mortgage/Rent payment	$
Property Taxes (if not included with mortgage)	$
Home/Rental Insurance (if not included with mortgage)	$
Heating Expense	$
Electricity	$
Gas	$
Water/Sewer/Garbage	$
Telephone	$
Cable Television	$
Other	$
Total Housing Expenses	**$**

TRANSPORTATION EXPENSES

Car Loan(s)	$
Auto Insurance	$
Gasoline	$
Tolls	$
Auto Maintenance	$
Other	$
Total Transportation Expenses	**$**

FOOD EXPENSES

Groceries	$
Lunch/Dinner Expense	$
Other	$
Total Food Expenses	**$**

FAMILY EXPENSES

Health Insurance	$
Life Insurance	$
Education	$
Laundry	$
Child Care	$
Clothing	$
Other Medical Expenses	$
Other	$
Total Family Expenses	**$**

TOTAL MONTHLY EXPENSES **$**

Why I need debt management program:

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