Print out and fax to: Fax: 905-707-7895
OR can be mailed to: Community Credit Counselling Services - York Region
Attn: Counselor, CCS. Thornhill Square 300 John Street, Suite 300, Thornhill, Ontario,
L3T 5W4 Phone: 905-707-7695

Name _____ **Monthly Budget Worksheet**

	Initial	Revised			Initial	Revised
Housing				**Living Expenses**		
first mortgage				food		
second mortgage				personal travel -gas/transit		
property taxes (mthly)				clothing		
rent/condo fees				alimony & support pymts		
hydro				parking }		
water/sewage				auto payments / lease }		
heating				auto maintenance/license }		
basic telephone }						
long distance }				insurance - auto		
cell phone }				insurance - life		
insurance - house				medical / doctor/ glasses }		
cable TV				prescription drugs }		
internet service				dental routine		
maintenance contracts				dental - major		
other				laundry/dry cleaning		
				pet food and care		
SUB TOTAL				**SUB TOTAL**		
Work Expenses				**Personal Expenses**		
transit / gas (self)				tobacco		
transit / gas - (spouse)				alcohol/beverages		
lunches / breaks (self)				recreation/kids activities }		
lunches/breaks (spouse)				family entertainment }		
daycare				fitness memberships }		
special work clothes				babysitting		
				barber / hair cuts		
				grooming / toiletries		
				magazines/ newspapers		
Other				gifts		
tax provisions				religious donations		
family court payments				school tuition		
household repairs						
RRSP contributions				kids allowances/ transit		
vacations				other		
home furnishings						
RESP (education)				**TOTAL EXPENSES**		
SUB TOTAL				NET mthly income - self		
				NET mthly income -spouse		
				child tax credit		
				GST credit		
				rental income		
				Total income		
				Total expenses		
				FUNDS AVAILABLE		