



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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