

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
<b>Housing</b>			<b>Living Expenses</b>		
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		
<b>SUB TOTAL</b>			<b>SUB TOTAL</b>		
<b>Work Expenses</b>			<b>Personal Expenses</b>		
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		
<b>Other</b>			gifts		
tax provisions			religious donations		
family court payments			school tuition		
household repairs					
RRSP contributions			kids allowances/ transit		
vacations			other		
home furnishings					
RESP (education)					
			<b>TOTAL EXPENSES</b>		
<b>SUB TOTAL</b>			NET mthly income - self		
			NET mthly income -spouse		
			child tax credit		
			GST credit		
			rental income		
			<b>Total income</b>		
			<b>Total expenses</b>		
			<b>FUNDS AVAILABLE</b>		