Budget Worksheet



Use this sheet to keep try of how you ideally want to use your money. Include all expenses and income. The last line in each block will be calculated for you. Add categories if you need and skip items that do not apply to you. Be as accurate as possible in reporting.

| Monthly Living Expenses | |
|---|-------------|
| Category: Home and Personal Care | |
| Housing (rent or mortgage) | |
| Telephone (cell, and/or home) | |
| Internet Access | |
| Cable | |
| Household supplies (soap, shampoo, etc) | |
| Food (In-home / Groceries) | |
| Food (dining out) | |
| Clothing and Shoes | |
| Laundry | |
| Personal Care (haircuts, etc) | |
| Other | |
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| | |
| Category: Transportation | |
| Car payment | |
| Car fuel/gas | |
| Car insurance | |
| Car maintenance | |
| | |
| Category: Hobbies and Entertainment | |
| Memberships (Health club, auto club, etc) | |
| Entertainment (travel, outings, etc) | |
| Sports and Hobbies | |
| Subscriptions (newspaper, magazine, on-line) | |
| Other . | |
| | |
| Category: Care for Others | |
| Child care | |
| Pet Care (veterinarian, food, grooming, etc) | |
| Gifts | |
| Other . | |
| | |
| Category: Insurance and Medical | |
| Health Insurance | |
| Dental Insurance | |
| Prescriptions | |
| Other Medical Expenses (co-pays, etc) | |
| Life and Disability Insurance | |
| | |
| Category: Miscellaneous (Other) | |
| Savings | |
| Banking fees | |
| Money sent to family/friends | |
| Donations (church, charities, etc) | |
| Other Expenses | |
| Other Expenses | |
| Other Expenses | |
| Total Monthly Living Expe | nses \$0.00 |

| Monthly Take Home Income | |
|--------------------------|--------|
| Job (take home amount) | |
| Interest on Accounts | |
| Investment Income | |
| Other Income | |
| | |
| | |
| | |
| | |
| | \$0.00 |

| Julilliai y | | |
|---------------|-------------------------------------|--------|
| | Total Take Home Income (+) | \$0.00 |
| | Total Monthly Living Expenses (-) | \$0.00 |
| | | \$0.00 |
| | | |
| Notes | | |
| | me of these questions: | |
| | ny areas that suprprise you? | |
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| 2) What chang | es would you like to make? | |
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| 3) What else | have you learned? | |
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