



## Household Budgeting Worksheet

Photocopy this sheet before using it

Make sure that you include all take-home income and expenses as accurately as possible. The information you provide will be used to compute your household budgeting plan. Try not to inflate the numbers, but do not underestimate either. If a monthly expense is automatically deducted from your take-home income, do not enter it below.

### Monthly Take-Home Income

Salary/Wages	\$ _____
Salary/Wages (Spouse)	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment/Food Stamps	\$ _____
Royalties/Other Income	\$ _____
<b>Total Income</b>	\$ _____

### Monthly Secured Debts

Rent (Apartment, etc)	\$ _____
1st Mortgage/Taxes/Insurance	\$ _____
2nd Mortgage/Taxes/Insurance	\$ _____
Trailer Park Space Rent	\$ _____
Student Loans	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft, etc.)	\$ _____
Past-Due Taxes	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
<b>Total Secured Debt</b>	\$ _____

### Monthly Living Expenses

Food (Home, Work, School)	\$ _____
Household Items	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home, Cell, Pager)	\$ _____
Internet Service	\$ _____
Cable TV/Satellite	\$ _____
Electric	\$ _____
Gas/Oil	\$ _____
Water/In-Home Service	\$ _____
Trash Service	\$ _____
Auto Gas/Maintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homeowners/Renters Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc.)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Gardener/Pool/Alarm Service	\$ _____
Entertainment	\$ _____
Homeowner Dues	\$ _____
Subscriptions	\$ _____
Health Club Membership	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
<b>Total Expenses</b>	\$ _____

### Monthly Unsecured Debts

Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Unsecured Loans	\$ _____
<b>Total Unsecured Debt</b>	\$ _____

### Summary of Budget

Total Take-Home Income	\$ _____
Total Living Expense Payments	\$ _____ (minus)
Total Secured Debt Payments	\$ _____
Total Unsecured Debt Payments	\$ _____ (equals)
<b>Your Disposable Income or Deficit</b>	\$ _____
<b>Note:</b> If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create a workable budget for you and your family.	

130 Rumford Ave, Suite 202, Auburndale, MA 02466-1371  
Toll Free: 1-800-769-3571 ~ Fax: 617-244-1116  
ConsumerCredit.com