

Family Monthly Budget

Family Name: _____ #2 _____

Income: _____ Pay Date: _____ Income: _____ Pay Date: _____

EXPENSES	AMOUNT	Date Due	Date Paid
Rent/Mortgage			
Power			
Heating Fuel			
Telephone			
Child Care			
Water/sewer/trash			
Auto payment			
Auto insurance			
Health insurance			
Gas for car			
Food			
Snacks/eating out			
Clothing/uniforms			
Medical payments			
Dental payments			
Personal(Toiletries,allowances,etc.)			
Entertainment/recreation			
Savings			
Miscellaneous(Cable TV, classes, etc.)			
Credit cards/loans			
Over-due bills			

TOTAL EXPENSES: _____ TOTAL INCOME: _____

Minus

Expenses: _____

Equals

Balance: _____