


MONTHLY-BUDGET WORKSHEET

EXPENSES	CURRENT	PLAN	SPENT	O/S	EXPENSES	CURRENT	PLAN	SPENT	O/S
HOUSING					INSURANCE				
HOUSING PAYMENT					AUTO INSURANCE				
ELECTRICITY					(ANNUAL TOTAL ÷ 12)				
HEATING (GAS/OIL)					HOMEOWNERS/RENTERS				
12 MONTH AVERAGE					(IF NOT IN HOUSE PAYMENT)				
WATER/SEWER					LIFE INSURANCE				
TELEPHONE					HEALTH INSURANCE				
TOTAL					TOTAL				
HOME MAINTENANCE					MEDICAL				
MONTHLY MAINTENANCE					DOCTOR VISITS (# INDIVIDUALS				
ALLOTMENT					X ANNUAL COST ÷ 12)				
CLEANING SUPPLIES					MEDICATION				

Cable TV Internet hookup Government Income Tax internet hookup
 Other Sources of Income Other Sources of Income
 Food Personal Items
 Groceries/Items Entertainment Entertainment Transportation
 Other _____
 Other _____

ESSENTIAL ANNUAL EXPENSES = TOTAL: ESSENTIAL ANNUAL EXPENSES + DISCRETIONARY ANNUAL EXPENSES =


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