

Family Budget Worksheet

I. INCOME

	Monthly	One Time	Annual Total
Husband	_____	_____	_____
Wife	_____	_____	_____
Dividends/interest	_____	_____	_____
Gifts	_____	_____	_____
Bonuses	_____	_____	_____
Tax refunds	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

II. SET EXPENSES & OBLIGATIONS

	Monthly	One Time	Annual Total
Tithe	_____	_____	_____
Rent or mortgage	_____	_____	_____
Second mortgage	_____	_____	_____
Electricity	_____	_____	_____
Heat/cooling	_____	_____	_____
Telephone (not cell)	_____	_____	_____
Water & sewer	_____	_____	_____
Garbage	_____	_____	_____
Child care	_____	_____	_____
Education loans	_____	_____	_____
Income tax	_____	_____	_____
Property tax	_____	_____	_____
Home insurance	_____	_____	_____
Life insurance	_____	_____	_____
Med./dental insurance	_____	_____	_____
Disability insurance	_____	_____	_____
Auto loan or lease	_____	_____	_____
Other installment loans	_____	_____	_____
Savings	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____