

# MONTHLY Basic Budgeting Worksheet

Please fill in all blanks **NOT** shaded in gray with **MONTHLY** amounts for each of the line items

**This Column For Office Use Only**

**Variances**

## Total Household Monthly Gross Income-

*Please include all sources of income (SSI, SSDI, employment, child support, unemployment, etc.)*

Income #1 \_\_\_\_\_ \$ \_\_\_\_\_

Income #2 \_\_\_\_\_ \$ \_\_\_\_\_

Income #3 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Gross Household Monthly Income** \$ \_\_\_\_\_

## Housing Expenses

### Monthly Payments

Mortgage Payment (PITIA-Principal, Interest, Taxes, Insurance, Association Fees) \$ \_\_\_\_\_

Second Mortgage Payment \$ \_\_\_\_\_

Utilities (Electric, Gas, Water & Sewer) \$ \_\_\_\_\_

Insurance (\$ set aside each month if not paid with mortgage) \$ \_\_\_\_\_

Property Taxes (\$ set aside each month if not paid with mortgage) \$ \_\_\_\_\_

Repairs (\$ set aside monthly for future expenses) \$ \_\_\_\_\_

Telephone (Basic Service) \$ \_\_\_\_\_

Telephone (Cell Phone) \$ \_\_\_\_\_

Telephone (Internet/ISP) \$ \_\_\_\_\_

**Total Housing Expenses** \$ \_\_\_\_\_

## Car Expenses

Loan Payment(s) \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Insurance (\$ mo. amt. set aside if paid annually) \$ \_\_\_\_\_

Taxi/ Bus \$ \_\_\_\_\_

**Total Car Expenses** \$ \_\_\_\_\_

## Health Care Expenses

Insurance/Life Insurance premiums \$ \_\_\_\_\_

Hospital Insurance \$ \_\_\_\_\_

Co-Pays \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Prescription Medicines \$ \_\_\_\_\_

**Total Health Care Expenses** \$ \_\_\_\_\_

\$ \_\_\_\_\_

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**Debts**

Monthly Payments

Creditor #1 \_\_\_\_\_ Balance \_\_\_\_\_ \$ \_\_\_\_\_  
 Creditor #2 \_\_\_\_\_ Balance \_\_\_\_\_ \$ \_\_\_\_\_  
 Creditor #3 \_\_\_\_\_ Balance \_\_\_\_\_ \$ \_\_\_\_\_  
 Creditor #4 \_\_\_\_\_ Balance \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Debts** \$ \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Miscellaneous**

(\$ set aside each month for annual expenses, such as Insurance, vehicle license, etc.) \$ \_\_\_\_\_  
 Church Tithes & Offerings \$ \_\_\_\_\_  
 Other Charitable Contributions \$ \_\_\_\_\_  
 Groceries, Lunches, Meals Out \$ \_\_\_\_\_  
 Childcare \$ \_\_\_\_\_  
 School Tuition/Supplies \$ \_\_\_\_\_  
 Pet Supplies & Vet Exams \$ \_\_\_\_\_  
 Entertainment, Cable, Video Rentals \$ \_\_\_\_\_  
 Club Dues (Homeowner's Assoc., Fitness, etc...) \$ \_\_\_\_\_  
 Newspaper, Magazine Subscriptions \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Haircuts \$ \_\_\_\_\_  
 Gifts \$ \_\_\_\_\_  
 Cash \$ \_\_\_\_\_  
 Other (Ex: Bankruptcy payment, child support, etc.) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Miscellaneous** \$ \_\_\_\_\_

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**Monthly Expense Totals**

Housing \$ \_\_\_\_\_  
 Car \$ \_\_\_\_\_  
 Health Care \$ \_\_\_\_\_  
 Debts \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**Monthly Surplus or Shortage**

(Total Spendable Income *minus* Total Expenses) \$ \_\_\_\_\_

\$ \_\_\_\_\_