

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole twelve (12) month period.

Housing Expenses

Rent (If You Don't Own Your Home) \$ _____
First Mortgage Payment or
Mobile Home Monthly Payment \$ _____
Second Mortgage (If Applicable) \$ _____
Third Mortgage (If Applicable) \$ _____
Lot Payment (If Applicable) \$ _____
Are Real Estate Taxes Included in
Your Mortgage Payment? ☐ Yes ☐ No
Taxes Not Included in House Payment \$ _____
Is Your Homeowner's Insurance Included
in Your Mortgage Payment? ☐ Yes ☐ No
Insurance Not Included in House Payment \$ _____

Utilities (Normal Monthly Average)

Electricity and Gas \$ _____
Water \$ _____
Telephone (Basic Service) \$ _____
Trash Pick-up \$ _____

Basic Needs

Home Maintenance (If You Own a Home) \$ _____
Food (Monthly) \$ _____
Clothing (Monthly Expense) \$ _____
Laundry, Dry Cleaning, Soap, Etc. \$ _____
Medical Expenses Not Paid by Insurance \$ _____

Transportation

Gasoline / Auto Maintenance \$ _____
Recreation / Entertainment \$ _____
Charitable Giving (If Claimed on Taxes) \$ _____

Insurance

Renters Insurance \$ _____
Life Insurance (Other than Employer) \$ _____
Health Insurance (Other than Employer) \$ _____
Automobile Insurance \$ _____
Other Insurance \$ _____

Taxes

Are any other taxes deducted from your wages? ☐ Yes ☐ No
Other Taxes \$ _____

Other Expenses

Alimony and/or Child Support \$ _____
Payments for Someone Outside
Your Home \$ _____
Union Dues \$ _____
Professional Dues (Not Payroll Deducted) \$ _____
Child Care Expenses \$ _____
Babysitter/Day Care Expenses \$ _____
School Expenses \$ _____
School Lunch Expenses \$ _____
College Tuition (Not Loans) \$ _____
Student Loan Repayment \$ _____
Newspapers, Books, Magazines \$ _____
Personal Care Items \$ _____
Other \$ _____
Other \$ _____
Other \$ _____

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

Do you expect your budget to change in the next 1 year? Explain: _____