

# Budget Worksheet

## *Income Sources*

\$ 866 Salary  
\$ \_\_\_\_\_ Salary, spouse/domestic partner/roommate  
\$ 200 Support Payments  
\$ \_\_\_\_\_ Public Assistance (Cash, )  
\$ \_\_\_\_\_ Social Security/Disability  
\$ \_\_\_\_\_ Other (Gifts, Sales, SNAP, etc.)  
\$ 1066 TOTAL MONTHLY INCOME (A)

## *Expenses*

### **Savings**

\$ 40 TOTAL MONTHLY SAVINGS (B)

### **Transportation**

\$ \_\_\_\_\_ Gas  
\$ \_\_\_\_\_ Insurance Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Car Payment Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Maintenance  
\$ \_\_\_\_\_ Public Transportation  
\$ \_\_\_\_\_ TOTAL (C)

### **Housing**

\$ 600 Rent/Mortgage Payment Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Insurance Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Repairs  
\$ \_\_\_\_\_ Furniture  
\$ \_\_\_\_\_ Electricity Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Water Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Heating Fuel (Gas, propane) Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Garbage Pickup Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Telephone Due: \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL (D)

## Groceries/Sundries

\$ \_\_\_\_\_ Food  
\$ \_\_\_\_\_ Household Items (cleaning supplies, etc.)  
\$ \_\_\_\_\_ Personal Items (shampoo, soap, etc.)  
\$ \_\_\_\_\_ Laundry  
\$ \_\_\_\_\_ TOTAL (E)

## Child Care

\$ \_\_\_\_\_ Daycare Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Other  
\$ \_\_\_\_\_ TOTAL (F)

## Medical

\$ \_\_\_\_\_ Doctor Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Hospital Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Dentist Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Medicine  
\$ \_\_\_\_\_ TOTAL (G)

## Insurance

\$ \_\_\_\_\_ Health Due: \_\_\_\_\_  
\$ \_\_\_\_\_ Other Due: \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL (H)

## Clothing

\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ (Name) \_\_\_\_\_  
\$ \_\_\_\_\_ TOTAL (I)

## Debt

\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	TOTAL (J)		

## Entertainment

\$ _____	Cable Due:	_____
\$ _____	Movies	
\$ _____	Hobbies:	_____
\$ _____	Other:	_____
\$ _____	TOTAL (K)	

## Miscellaneous

\$ _____	Magazine, Cigarettes, Candy, etc.
\$ _____	TOTAL (L)

## Other

\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	_____	Due:	_____
\$ _____	TOTAL (M)		