

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 12 month period.

Housing Expenses

Rent (if you do not 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 home **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 (home owners) \$ _____
 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? If so, what type of taxes are they? \$ _____

Other Expenses

Alimony or Child Support \$ _____
 Payments for someone outside your home \$ _____
 Union Dues (not payroll deducted) \$ _____
 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 _____ \$ _____

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:

Cable / Satellite TV: _____
 Internet Service: _____

