**MONTHLY BUDGET**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Monthly Net Income** | **Expected** | **Actual** | **Notes** |
|  | Job |  |  |  |
|  | Job 2 |  |  |  |
|  | Benefits |  |  |  |
|  | Child Support |  |  |  |
|  | Other: |  |  |  |
|  | **Total Monthly** **Net Income** |  |  |  |
|  |  |  |  |  |
|  | **Monthly Expenses** | **Expected** | **Actual** | **Notes** |
| HOUSING | Housing: Rent/Mortgage |  |  |  |
| Electricity |  |  |  |
| Heat: Gas/Oil |  |  |  |
| Water/Sewer |  |  |  |
| Trash Service |  |  |  |
| Renters Insurance |  |  |  |
| Telephone (Home, Cell) |  |  |  |
| Internet |  |  |  |
| Household Items (Cleaning Supplies, Toilet Paper, Etc.) |  |  |  |
| Other: |  |  |  |
|  | **Subtotal:** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Monthly Expenses** | **Expected** | **Actual** | **Notes** |
| TRANSPORTATION | Car Payment |  |  |  |
| Car Insurance |  |  |  |
| Bus Pass |  |  |  |
| Gas |  |  |  |
| Car Maintenance/ Repairs |  |  |  |
| Parking |  |  |  |
| Other: |  |  |  |
| **Subtotal** |  |  |  |
|  |  |  |  |  |
|  | **Monthly Expenses** | **Expected** | **Actual** | **Notes** |
| HEALTH | Medical Insurance |  |  |  |
| Doctor/DentistVisits/Co-pays |  |  |  |
| Medication |  |  |  |
| Life/Disability Insurance |  |  |  |
| Other: |  |  |  |
| **Subtotal:** |  |  |  |
|  |  |  |  |  |
|  | **Monthly Expenses** | **Expected** | **Actual** | **Notes** |
| FOOD | Groceries |  |  |  |
| Eating out/Take out |  |  |  |
| Lunches |  |  |  |
| Tobacco & Alcohol |  |  |  |
| Other: |  |  |  |
| Subtotal: |  |  |  |