

MONTHLY BUDGET
DATE _____

SOURCE OF INCOME PLANNED ACUTAL

Employment		
Unemployment		
Child Support/Alimony		
Pension		
Interest		
Public Assistance		
Dividends		
Trust Payments		
Royalties		
Rents Received		
Other(List)		
Social Security/SSI/ Disability		
Total Monthly		

TYPE OF EXPENSE PLANNED ACTUAL

Payroll Deductions		
Income Tax Withheld		
Social Security		
FICA		
Wage Garnishments		
Credit Union		
Other		
Home Related Expenses		
Mortgage or Rent		
Second Mortgage		
Third Mortgage		
Real Estate Taxes		
Insurance		
Home Security		
Mobile Home Lot Rent		
Home Maintenance/Upkeep		
Utilities		
Gas		
Electric		
Oil		
Water/Sewer		
Cell Phone		
Land Line		

TYPE OF EXPENSE PLANNED ACTUAL

Cable TV		
Internet		
Rent to Own Items		
Cigarettes		
Other		
Food		
Eating Out		
Groceries		
Clothing		
Laundry and Cleaning		
Medical		
Current Needs		
Prescriptions		
Dental		
Insurance Co-Payments or Premiums		
Holidays/Birthdays		
Other(s)		
Transportation		
Auto Payments		
Car Insurance		
Gas and Maintenance		
Public Transportation		
Life Insurance		
Alimony or Support		
School Expenses		
Student Loan Payments		
Entertainment		
Newspapers/Magazines		
Charity/Church		
Pet Expenses		
<i>Amounts Owed on Debts</i>		
Credit Card _____		
Credit Card _____		
Credit Card _____		
Medical Bill _____		
Medical Bill _____		
Other Expenses (List)		
TOTAL		

