

MONTHLY BUDGET

NAME _____

Income	Amount
Job #1	
Job #2	
Unemployment	
Child Support	
Pension	
Disability Income	
Public Assistance	
Other:	

TOTAL INCOME	
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TOTAL INCOME	
TOTAL EXPENSES	—
BALANCE	=

Expenses	Amount
FIXED EXPENSES	
Current Rent	
Car Payment	
Auto Insurance	
Health Insurance	
Student Loans	
Personal Loans	
Other: _____	
VARIABLE EXPENSES	
Heat/ Gas	
Electric	
Cable	
Water	
Internet	
Phone	
Child Care	
Credit Card Payment #1	
Credit Card Payment #2	
Credit Card Payment #3	
Gasoline	
Groceries	
Eating out	
Doctor Visits	
Prescriptions	
Laundry/Dry Cleaning	
Barber/Beauty Shop	
Personal Expenses	
Other	
TOTAL EXPENSES	