

## MONTHLY BUDGET

From (mm/dd): \_\_\_\_\_ To (mm/dd): \_\_\_\_\_ Household Size: \_\_\_\_\_

Please fill out *ALL WHITE SPACES*, and add up every **Subtotal/Total**.

	Gross	Net		Gross	Net
Wage: ( )			Wage: ( )		
Child Support			Unemployment		
WIC					
SSI/SSDI					
SNAP			<b>Total Income</b>		

<b>Housing</b>	Estimated Budget	Actual	Goal Budget
1st Mortgage			
2nd Mortgage			
Taxes/Ins/HOA			
Rent			
Cable			
Internet			
Phone			
Electricity/ Water			
Gas			
Trash			
<b>Subtotal</b>			
<b>Transport.</b>	Estimated Budget	Actual	Goal Budget
Fuel			
Maintenance			
Bus			
<b>Subtotal</b>			
<b>Insurance</b>	Estimated Budget	Actual	Goal Budget
Car			
Health			
Life			
Renter's			
<b>Subtotal</b>			
<b>Shopping</b>	Estimated Budget	Actual	Goal Budget
Groceries			
Dining Out			
Clothing			
Household / Cleaning			
<b>Subtotal</b>			

<b>Misc.</b>	Estimated Budget	Actual	Goal Budget
Child Exp.			
School Exp.			
Medical/Dental			
Pet Care			
Entertainment			
<b>Subtotal</b>			
<b>Savings Contribution</b>	Estimated Budget	Actual	Goal Budget
Retirement			
College			
Savings			
<b>Subtotal</b>			
<b>Loan Payment</b>	Estimated Budget	Actual	Goal Budget
Credit Card			
Credit Card			
Credit Card			
Vehicle			
Student Loan			
Liens / Judgments			
<b>Subtotal</b>			
<b>Other Payment</b>	Estimated Budget	Actual	Goal Budget
Child Support			
Alimony			
Medical Debt			
<b>Subtotal</b>			
<b>Total Expenses</b>			

Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

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