

MONTHLY BUDGET OF EXPENSES

Name _____

How to use this form: In this budget, we work with monthly units. Please translate all items (e.g., weekly allowances, semi-annual insurance, etc.) into average monthly units.

This budget is meant to reflect your best estimate of your expenses.

A. Housing

- 1. Rent _____
- 2. Mortgage (Principal and Interest) _____
- 3. Second Mortgage _____
- 4. Real Estate Taxes _____
- 5. Home Insurance _____
- 6. Garbage Removal _____
- 7. Other (specify) _____

SUBTOTAL _____

B. Utilities

- 1. Electricity _____
- 2. Gas/Heating Oil _____
- 3. Telephone _____
- 4. Water/Sewer _____
- 5. Other (specify) _____

SUBTOTAL _____

C. Household Operation and Maintenance

- 1. Repairs _____
- 2. Appliance Service Contracts _____
- 3. Garden and Yard Work _____
- 4. Domestic Help _____
(_____ days at \$ _____ per day)
- 5. Cable TV _____
- 6. Internet Service _____
- 7. Cell Phone _____
- 8. Other (specify) _____

SUBTOTAL _____

D. Food

- 1. Food _____
- 2. Prescription Drugs _____
- 3. Restaurants _____
- 4. Non-prescription drugs _____

SUBTOTAL _____

E. Clothing

- 1. Self _____
- 2. Children _____

SUBTOTAL _____

F. Transportation

- 1. Car Payment (____ # cars) _____
- 2. Gas and Oil _____
- 3. Auto Repair & Maintenance _____
- 4. Registration & Licenses _____
- 5. Auto Insurance _____
- 6. Parking & Commuting Expenses _____

SUBTOTAL _____

G. Insurances & Medical Expenses

- | | | |
|-----------------|--|-------|
| 1. | Medical and Hospital Insurance | _____ |
| 2. | Dental Insurance | _____ |
| 3. | Medical Expenses
(not covered by insurance) | _____ |
| 4. | Dental (not covered by insurance) | _____ |
| 5. | Medicine and Drugs | _____ |
| 6. | Life Insurance | _____ |
| 7. | Disability Insurance | _____ |
| SUBTOTAL | | _____ |

H. Children's Education and Child Care

- | | | |
|-----------------|-------------------------------------|-------|
| 1. | Day Care | _____ |
| 2. | Private School Tuition | _____ |
| 3. | College Tuition (only if current) | _____ |
| 6. | Sports, Lessons, Tutoring (specify) | _____ |
| | _____ | _____ |
| | _____ | _____ |
| 7. | Religious Instruction | _____ |
| 8. | School Trips | _____ |
| 9. | Children's Allowance | _____ |
| 11. | Other (specify) _____ | _____ |
| SUBTOTAL | | _____ |

I. Education (Self)

- | | | |
|-----------------|-----------------|-------|
| 1. | Tuition | _____ |
| 2. | Books and Fees | _____ |
| 3. | Other (specify) | _____ |
| | _____ | _____ |
| SUBTOTAL | | _____ |

J. Personal and Entertainment Expenses

- | | | |
|-----|------------------------------|-------|
| 1. | Toiletries/Cosmetics | _____ |
| 2. | Books, Magazines, Newspapers | _____ |
| 3. | Dry Cleaning and Laundry | _____ |
| 4. | Haircuts | _____ |
| 5. | Dues (Club or Professional) | _____ |
| 6. | Movies | _____ |
| 7. | Concerts/Theatre | _____ |
| 8. | Charities, Contributions | _____ |
| 9. | Cultural/Recreational | _____ |
| 10. | Gifts | _____ |

11. Other (specify)

SUBTOTAL

K. Vacation and Travel

1. Self

2. Children

3. Summer Camp

SUBTOTAL

Subtotal A: _____

Subtotal B: _____

Subtotal C: _____

Subtotal D: _____

Subtotal E: _____

Subtotal F: _____

Subtotal G: _____

Subtotal H: _____

Subtotal I: _____

Subtotal J: _____

Subtotal K: _____

TOTAL EXPENSES: _____

EMERGENCIES AND FUTURE GOALS

Type of Fund	Probable Cost	Date Desired	Amount to set aside per month
Savings/Retirement			
Education (Future) Self			
Children (do not include college costs)			
Home Improvement, Painting, Major Repair			
Auto Replacement			
Other (specify)			
TOTAL			