



# Monthly Budget



**Net Monthly Income.** Amount of money after taxes and deductions.

Income	Amount	Source
Income 1		
Income 2		
Income 3		
Other:		
		<b>TOTAL:</b> _____

**Fixed Monthly Expenses.** Don't change or only change a small amount.

Expense Type	Budget Amount	Actually Spent
Housing (Rent/Mortgage)		
Electric		
Garbage Collection		
Heat/Gas		
Water/Sewer		
Car Payment		
Child Support/Alimony		
Childcare		
Club/Membership/Union Dues		
Dental/Vision Insurance Premium		



# Monthly Budget



Expense Type	Budget Amount	Actually Spent
Health Insurance Premium		
Student Loan Payment		
Savings		
Other:		
Other:		
<b>TOTAL:</b>		

**Flexible Monthly Expenses.** Have some control over and can adjust.

Expense Type	Budget Amount	Actually Spent
Cable or Satellite Television		
Internet Connection		
Telephone(s)		
Alcohol/Tobacco Products		
Barber/Salon		
Dining Out		
Gasoline/Public Transportation		
Groceries		
Household Items		
Laundry/Dry Cleaning		



# Monthly Budget



Expense Type	Budget Amount	Actually Spent
Holidays/Birthdays/Gifts		
Home Maintenance		
Life/Disability Insurance		
Medical/Dental/Vision Copays		
Renters Insurance		
Sports/Hobbies Fee		
Credit Card (Minimum Payment)		
Credit Card 2 (Minimum Payment)		
Other:		
Other:		
<b>TOTAL:</b>		

**Periodic Expenses.** Not a regular monthly expense (annual cost ÷ 12mos = budget amount).

Expense Type	Budget Amount	Actually Spent
Car Insurance		
Car Repair/Maintenance		
Car Tabs/Plates/Tags/Registration		
Charitable/Religious Donations		
Clothing/Footwear		



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Expense Type	Budget Amount	Actually Spent
Lottery/Bingo		
Medications		
Entertainment		
Personal Items/Toiletries		
Pet Supplies/Care		
Subscriptions		
Credit Card (Minimum Payment)		
Credit Card 2 (Minimum Payment)		
Other:		
Other:		
<b>TOTAL:</b>		

## Summary

Income/Expenses	Budget Amount	Actually Spent
Total Net Income		
Total Expenses		
<b>DISCRETIONARY INCOME:</b>		