Income and Expenses Budget Worksheet







My INCOME (A)

It's important to be aware of where your money is going. Fill out this worksheet to the best of your knowledge for a clear breakdown of your monthly income and anticipated expenses.

| Any & All Income | Monthly Amount | SAVINGS (10% Recommended) | |
|-----------------------|----------------|----------------------------|--|
| Wages "Take home" | | Monthly income x 10 = | |
| Social Security | | Savings | |
| Child/Alimony Support | | Other | |
| Interest/Dividends | | | |
| Public Assistance | | | |
| Disability | | | |
| Other | | | |
| Total Income = | | Total Savings = | |

My EXPENSES (B)

The (%) shown represents a percentage budget guideline.

| My EXPENSES (B) | Example: "You should | d spend no more than 35% of your net income or | n HOUSING." |
|---|----------------------|---|-----------------|
| HOUSING (35%) | Monthly Payment | DEBTS (15%) | Monthly Payment |
| Calculation for recommended budget: | | Calculation for recommended budget: | |
| Monthly income x .35 = | | Monthly Income x .15 = | |
| Rent/Mortgage | | Credit Cards | |
| 2nd Mortgage | | Personal Loans | |
| HOA (association dues) | | Student Loans | |
| Property Taxes | | Other | |
| Home/Renters Insurance | | Other | |
| Gas/Electric (average) | | Other | |
| Water/Sewer/Garbage | | Tatal Other DEDT Foresteen | |
| Cable/Satellite | | Total Other DEBT Expenses = | |
| Maintenance/Cleaning | | OTHER (25%) | Monthly Payment |
| Telephone | | Coloridation for management and all his direct | |
| Pool/Lawn Service | | Calculation for recommended budget: Monthly income x .25 = | |
| Monitored Alarm | | Monuny income x .25 – | |
| Total HOUSING Expenses = | | Groceries/Household Items | |
| OVER/UNDER BUDGET | | At Work/School | |
| TRANSPORTATION (15%) | Monthly Payment | Daycare/Sitting | |
| Calculation for recommended budget: | | Child/Alimony Support | |
| Monthly Income x .15 = | | Health Insurance (dental/vision) | |
| Monthly income x . 15 – | | Prescription/Doctors Visits | |
| Car Payment # 1 | | Clothing/Laundry/Dry Cleaning | |
| Car Payment # 2 | | Personal Care | |
| Gasoline | | Movie/Video/Dining Out | |
| Maintenance/ Repairs | | Sports/Hobbies/Clubs/Gyms | |
| Auto Insurance | | Vacation/Travel | |
| Auto Registration | | Pet Care | |
| Toll/Parking/Bus | | Pager/Cell Phone | |
| Total TRANSPORTATION Expenses = | | Banking Fees/Postage | |
| OVER/UNDER BUDGET | | Computer/Online Fees | ì |
| | | Religious/Charity | |
| | | Prepaid College | |
| | | Other/Gifts | Ì |
| | | | |
| Total INCOME (A) \$ | | Other/Gifts | |
| Total INCOME (A) \$ minus Total Monthly EXPENSES (B) \$ | | Other/Gifts Total of OTHER Expenses = | |

TOTAL \$ Left Over (if any)