

Monthly Budget Worksheet

Please note: Expenses listed in this worksheet should only include those that are expected to continue into the future. One time expenses, such as unexpected car or household repairs, should be excluded and noted separately.

Household

Mortgage/Rent:	Principal: \$	_____
	Interest: \$	_____
Homeowners/Renters Insurance:	\$	_____
Property Taxes:	\$	_____
HOA Fees:	\$	_____
Utilities (Electric, Gas, Water, Phone, Cable, Internet, etc.):	\$	_____
Groceries:	\$	_____

Transportation

Auto Loan:	\$	_____
Auto Insurance:	\$	_____
Transportation (Gasoline, Maintenance, Parking, Bus, Registrations, Tolls, etc.):	\$	_____

Health

Healthcare Insurance Costs (Health, Dental, Vision, & Prescription Insurance):	\$	_____
Medical Care Cost (For Chronic Medical Care):	\$	_____
Physical Wellness (Gym, Yoga, Exercise Classes, etc.):	\$	_____
Life Insurance Premiums:	\$	_____

Dependent Care

Family Care (Elderly Parents, Children, Etc.):	\$	_____
Pet Care (Supplies, Food, Veterinarian Visits, etc.):	\$	_____

Debt Payments

Alimony:	\$	_____
Student Loans:	\$	_____
Credit Card Debt (In Excess of Monthly Expenses):	\$	_____
Misc. Debt Repayment (Personal Loan, Home Equity Loan, Line of Credit, etc.):	\$	_____

Discretionary Expenses

Entertainment (Movies, Concerts, Sporting Events, TV Subscriptions, etc.):	\$	_____
Hobbies:	\$	_____
Club Membership:	\$	_____
Travel/Vacations:	\$	_____
Dining Out:	\$	_____
Clothing:	\$	_____
Charitable Contributions:	\$	_____
Planned Gifts:	\$	_____
Other Expenses:	\$	_____

Savings

Retirement Accounts (401k, 403b, IRAs, etc.):	\$	_____
Taxable Investments (Brokerage Accounts, Real Estate, Private Investments, etc.):	\$	_____
Savings Account (Emergency Fund):	\$	_____
Education (529 Plan, Coverdell, etc.):	\$	_____

Total Essential Expenses:	\$	_____
Total Discretionary Expenses:	\$	_____
Total Expenses:	\$	_____
Total Savings:	\$	_____