

Monthly Family Budget

Name: _____

Date: _____

BUDGET ITEM	NOTES
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INCOME	
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<i>Income #1</i> _____	Net monthly Income
<i>Income #2</i> _____	Net monthly Income
<i>Income #3</i> _____	Net monthly Income
<i>Income #4</i> _____	Net monthly Income

TOTAL INCOME	Net Income
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EXPENSES	subtotals	Category totals
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Housing Expenses

Housing - Rent/Mortgage		
Housing - Electric		
Housing - Cable/Int/Ph		
Housing other		
Housing other		

Food & Supplies

Automobile Expenses

Auto - Payment		
Auto - Fuel		
Auto - Service		
Auto - Insurance		

Medical Expenses

Medical - Insurance		
Medical - Copays		
Medical - Pharmacy		
Medical Debt Payments		
Medical - Other		

Consumer Debt - Monthly

Debt _____		
Debt _____		

Charitable Giving

Charity - Church Tithe		
Charity - Other		

Clothing

Entertainment & Rec

Ent - Dining Out		
Ent - Other		

Life Insurance

School/Childcare

Miscellaneous Expenses

Cell Phone		
Personal items		
Other incidentals		

TOTAL EXPENSES	
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NET MONTHLY INCOME (LOSS)	
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