

# 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

<b>TOTAL INCOME</b>		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	_____

<b>TOTAL EXPENSES</b>		
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<b>NET MONTHLY INCOME (LOSS)</b>		
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