



CORNERSTONE

MONTHLY BUDGET FORM

Item	Amount
MONTHLY INCOME	
Salary/Wages	
Social Security/Disability/Etc.	
Unemployment/Food Stamps/Assistance	
Alimony/Child Support	
Other Income	
TOTAL INCOME	

Item	Amount
MONTHLY EXPENSES	
Rent/Mortgage	
Household Maintenance	
Taxes	
Home/Renters Insurance	
Electricity/Gas	
Water/Sewer/Trash	
Phone/Cell Phone	
Cable/Internet	
Groceries	
Gas/Fuel	
Auto Insurance	
Car Payment	
Credit Card Debt	
Entertainment	
Child Care	
Loans	
Life/Health Insurance	
Clothing/Personal Items	
Child Support/Alimony	
Other Expenses	
TOTAL EXPENSES	

Summary

Total Income	
Subtract Total Expenses	
Balance or Deficit	