

Monthly Household Budget Worksheet



Client Name(s): _____

Please complete all applicable line items according to your ACTUAL budget as of today

Monthly Household Income			Current	Revised	Education			Current	Revised
Income # 1					Tuition (Client and/or children)				
Income #2					Books/Papers/Supplies				
Child Support					Newspapers/Magazines/Subscriptions				
SSI/SSA/SSDI					Lessons (sports, dance, music, etc.)				
Pension/Retirement					Gifts				
Unemployment					Birthdays (children, family, etc.)				
Other:					Major Holidays (children, family, etc.)				
Total Monthly Income	\$	-	\$	-	Personal				
Housing Expenses					Barber/Haircut/Beauty Shop				
Rent/Mortgage					Toiletries (if separate from groceries)				
Homeowners Insurance (if not escrowed)					Children's allowances				
Property Taxes (if not escrowed)					Tobacco				
Heat/Propane/Natural Gas					Beer/Wine/Liquor/Bars				
Electricity					Entertainment				
Water/Sewage (monthly amount)					Movies/events/concerts				
Phone (cell and/or land line)					Netflix/Redbox				
Renters Insurance					Internet				
Trash and/or recycling					Cable/Satellite TV				
Maintenance/Furnishings					Restaurants/Eating Out/Take out meals				
Cleaning Supplies (if separate from groceries)					Gambling/Lottery				
Transportation					Fitness/Gym				
Gas for car					Vacations/Trips				
Car Payment					Hobbies/Crafts				
Car Insurance					Debts				
Repairs/Maintenance (oil change, etc.)					Students Loans				
License/Registration Fees					Credit Card (monthly minimum payment)				
Parking/Tolls					Credit Card (monthly minimum payment)				
Food					Credit Card (monthly minimum payment)				
Groceries/Food					Credit Card (monthly minimum payment)				
School Lunches					Medical Bills				
Work related (meals, snacks)					Personal Loans				
Insurance					Childcare				
Health (medical, dental, if not deducted f/ paycheck)					Childcare/Babysitters				
Life Insurance					Child Support/Alimony paid				
Disability					Donations				
Medical					Tithing/Charity/Other				
Doctor co-pays					Child Support (if not automatically deducted)				
Dentist co-pays					Other				
Prescription co-pays					List:				
Clothing					List:				
Clothing					Total Monthly Expenses	\$	-	\$	-

					Current	Revised		
Income - Expenses = Net Income					\$	-	\$	-

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

If using the Excel format, a number in parentheses () indicates negative net income or spending more than you're making.