

# MONTHLY BUDGET



Name: \_\_\_\_\_ Date: \_\_\_\_\_

To complete your current financial profile, it is important to review your monthly expenses.

## ESSENTIAL EXPENSES (60%)

### Housing

Mortgage/Rent \$ \_\_\_\_\_  
 Property Taxes \$ \_\_\_\_\_  
 Home Maintenance \$ \_\_\_\_\_  
 Homeowner's/Renter's Ins. \$ \_\_\_\_\_  
 Utilities (Electric, Gas, Water, etc.) \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

### Transportation

Auto Payment(s) \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Maintenance/License \$ \_\_\_\_\_  
 Parking/Tolls/Bus/Train \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

### Personal Loans

Student Loans \$ \_\_\_\_\_  
 Credit Card Debt \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

### Health Care/Insurance

*(Not deducted from paycheck)*

Health Insurance \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Disability Income Insurance \$ \_\_\_\_\_  
 Long-term Care Insurance \$ \_\_\_\_\_  
 Medical/Dental/Drugs \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

### Household/Personal

Groceries \$ \_\_\_\_\_  
 Personal Care \$ \_\_\_\_\_  
 Clothing/Dry Cleaning \$ \_\_\_\_\_  
 Professional Dues \$ \_\_\_\_\_  
 Cell Phone \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

### Children

Dependent/Child Care \$ \_\_\_\_\_  
 Education/School \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Essential Expenses Subtotal \$ \_\_\_\_\_

## DISCRETIONARY EXPENSES (20%)

Cable/Phone/Internet \$ \_\_\_\_\_  
 Dining Out \$ \_\_\_\_\_  
 Recreation/Club Dues \$ \_\_\_\_\_  
 Movies/Sporting Events \$ \_\_\_\_\_  
 Hobbies \$ \_\_\_\_\_  
 Vacation/Travel \$ \_\_\_\_\_  
 Gifts/Contributions \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Discretionary Expenses Subtotal \$ \_\_\_\_\_

## SAVING AND INVESTING (20%)\*

Emergency Fund \$ \_\_\_\_\_  
 College Savings \$ \_\_\_\_\_  
 Short/Mid-Term Needs \$ \_\_\_\_\_  
 Retirement Savings \$ \_\_\_\_\_  
*(Not deducted from paycheck)*  
 \$ \_\_\_\_\_

Saving and Investing Subtotal \$ \_\_\_\_\_

\* The 20% includes both after-tax and pre-tax savings and investments, including contributions to employer-sponsored retirement plans.

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

NET MONTHLY INCOME \$ \_\_\_\_\_

LESS EXPENSES \$ \_\_\_\_\_

TOTAL SURPLUS/DEFICIT \$ \_\_\_\_\_