Monthly Budget Worksheet Income _____ Month _____

Charitable Donations	Health
Tithes	Insurance
Other	Prescriptions
di	Vision/Dental
Housing	Co-Payments
Mortgage/Rent	
Homeowner/Renter Insurance	6) Miscellaneous
	Child Care
Propety Taxes	Clothing
Maintenace	Pet
	Entertainment
^C Utilities	Gifts
Electricity	
Gas/Oil	
Water/Sewer	
Trash	
Phone/Mobile	Debt
Internet	Student Loan
Cable or TV	Credit Card
Subscription	Credit Card
Food	
Groceries	
Dining Out	
	Total Monthly Expenses
Transportation	Total Traning Expenses
Car Payment(s)	
Car Insurance	
Car Maintenance/ Repairs	
Public Transportation	

