

## Monthly Budget

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Expenses	Description	Monthly Total
<b>Housing</b>	Mortgage / Rent (Circle one)	
	Property Taxes	
	HOA / Other	
	Home Maintenance or Cleaning Services	
<b>Utilities</b>	Gas and Electricity	
	Water	
	Garbage	
	Phone (Inc. Cell Phones)	
	Cable and Internet	
	Other	
<b>Food</b>	Groceries	
	Dining Out	
<b>Pet Care</b>	Food, vaccines, grooming, vet, etc...	
<b>Child Care</b>	Baby sitting, daycare, school lunch, allowance	
<b>Transportation</b>	Car Payment	
	Gas	
	Car Maintenance and registration	
	Public Transportation	
	Parking and other	
<b>Insurance</b>	Car Insurance	
	Homeowners/Renters	
	Health and Life Insurance (Out of Packet)	
	Vision and Dental (Out of Packet)	
	Medications	
<b>School/Education</b>	Tuition	
	Books, materials	
<b>Clothing</b>	Clothes, shoes, coats, etc...	
<b>Personal Care</b>	Salon, barber, etc...	
<b>Entertainment</b>	Subscriptions (Gym, Netflix, newspapers, etc..)	
	Other	
<b>Debt Payments</b>	Credit Card 1- Total Owed: \$	
	Credit Card 2- Total Owed: \$	
	Student loans – Total Owed: \$	
	Other Debts	
<b>Savings</b>	Monthly Contribution	
	<b>Total Monthly Expenses:</b>	

**Savings:**

Total Cash Savings: \_\_\_\_\_ Retirement Account: \_\_\_\_\_

Other Savings: \_\_\_\_\_ Type of Savings: \_\_\_\_\_

**Income:**

<b>Income</b>	<b>Description</b>	<b>Gross Amount</b>	<b>Net Amount</b>
Job	Paycheck		
Job	Spouse Paycheck		
Job	Second Job Paycheck		
Other	Food stamps/Medi-Cal / Other Benefits		
Other			
Other			
Other			
	<b>Total Monthly Income:</b>		

**COUNSELOR TO COMPLETE:**

Percentage of Household Area Median Income: \_\_\_\_\_

**Surplus/Deficit:**

	<b>Current Amount</b>
Total Monthly Net Income:	
Total Monthly Expenses:	
<b>Income – Expenses:</b>	

**Debt/Income:**

**Total Debt:** \_\_\_\_\_

	<b>Current Amount</b>
Total Monthly Gross Income:	
Total Monthly Debt Payments	