

# MONTHLY BUDGET



## INCOME

## ACTUAL

Applicant Income	
Co-applicant Income	
Social Security/SSI/Disability	
Child Support	
Food Stamps/FIA income	
Other Income	
<b><i>Total Income:</i></b>	

## FIXED EXPENSES

## ACTUAL

Housing ~ Rent/Mortgage	
Car Loan #1	
Car Loan #2	
Student Loan	
Personal Loan	
Child Support	
Savings	
<i>Other Fixed Expense</i>	

## FLEXIBLE EXPENSES

## ACTUAL

Food ~ Groceries	
Toiletries/Cosmetics	
Natural Gas/Propane	
Electric	
Trash Removal	
Water Bill	
Telephone	
Cell Phone	
Automobile Gas, Oil, Antifreeze	
Auto Repair, Maintenance	
Auto Insurance	
Cable/Movies/Movie Rental	
Laundry/Dry Cleaning	
Activities/Going Out	
Dues/Subscriptions	
Medical Insurance-(not taken out of paycheck)	
Money Orders or Cashiers Checks	
Bank or Checking Fees, ATM Fees, Check Cashing Fees	
Rent to Own	
Hair Care	
Nail Care	

# MONTHLY BUDGET

Cigarettes	
Charity/Tithing	
Education	
Pets	
Allowance/Children's Activities	
<i>Other Flexible Expenses</i>	

## OCCASIONAL EXPENSES

## ACTUAL

Medical	
Dental	
Vision	
Ongoing Medical	
Birthdays	
Christmas/Holidays	
<i>Vacation</i>	

## DEBT REDUCING EXPENSES

## ACTUAL

Credit Card #1	
Credit Card #2	
Credit Card #3	
Credit Card #4	
Credit Card #5	
Credit Card #6	
Credit Card #7	
Credit Card #8	
Credit Card #9	
Credit Card #10	
Other Debt Reducing Expenses	
<b><i>TOTAL EXPENSES</i></b>	

### Final Calculations

<b>TOTAL MONTHLY INCOME</b>	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$
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<b>DIFFERENCE ~ GAIN/(LOSS)</b>	\$