

# Family Budget Worksheet

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

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

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

No. of Family Members: \_\_\_\_\_

## MONTHLY INCOME

Salary & Tips: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
Welfare: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Food Stamps/WIC: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Gross Monthly Income:** \$ \_\_\_\_\_

### Minus

1.) Tithe/Giving: \$ \_\_\_\_\_  
2.) Taxes: \$ \_\_\_\_\_  
    Federal, OH, FICA)

**Net Spendable Income:** \$ \_\_\_\_\_

## MONTHLY LIVING EXPENSES

### 3.) Housing

Mortgage/Rent: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
Property Taxes: \$ \_\_\_\_\_  
Cable/Satellite TV: \$ \_\_\_\_\_  
Electricity: \$ \_\_\_\_\_  
Gas: \$ \_\_\_\_\_  
Water: \$ \_\_\_\_\_  
Sanitation: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Internet Service: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**4.) Groceries** \$ \_\_\_\_\_

### 5.) Transportation

Payments: \$ \_\_\_\_\_  
Gas & Oil: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
License/Taxes: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Replacement: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### 6.) Insurance

Life: \$ \_\_\_\_\_  
Health/Dental: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**7.) Debts:** \$ \_\_\_\_\_  
(Not including house or auto)

### 8.) Entertainment/Rec: \$ \_\_\_\_\_

Eating Out: \$ \_\_\_\_\_  
Babysitter: \$ \_\_\_\_\_  
Activities/Trips: \$ \_\_\_\_\_  
Vacation: \$ \_\_\_\_\_  
Pets: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**9.) Clothing:** \$ \_\_\_\_\_

**10.) Savings** \$ \_\_\_\_\_

**Total Expenses this page** \$ \_\_\_\_\_

