

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 \$ _____