

Budget Worksheet

Member Name: _____

Member #: _____

Category	Expenses	Average Per Month
Housing	Rent / Mortgage	\$
	2nd Mortgage / Equity Line	\$
	Homeowner's / Renters Insurance	\$
	Property Tax	\$
	Condo Fees / HOA Dues	\$
	Home Maintenance	\$
	Gas / Electric	\$
	Water / Sewer / Garbage	\$
	Telephone	\$
	Cable / Satellite	\$
Food	Groceries / Household Items	\$
	Work / School Lunch	\$
Insurance <small>(Exclude payroll deducted amounts)</small>	Health / Dental / Vision	\$
	Life / Disability	\$
Medical Care <small>(Exclude payroll deducted amounts)</small>	Doctor / Chiropractor	\$
	Optometrist / Lenses	\$
	Dentist / Orthodontist	\$
	Prescriptions	\$
Transportation	Car Payment #1	\$
	Car Payment #2	\$
	Auto Insurance	\$
	Registration	\$
	Property Taxes	\$
	Gasoline / Oil	\$
	Maintenance / Repairs	\$
	Public Transportation / Tolls / Parking	\$
Child Care <small>(Exclude payroll deducted amounts)</small>	Daycare / Childcare	\$
	Tuition	\$
	Child Support / Alimony	\$

