



Monthly Budget Planning Worksheet

Date Prepared _____

ITEM	PAID TO	MONTHLY AMOUNT	PROPOSED AMOUNT
Housing Costs			
Mortgage/Rent			
Gas/Electric			
Local/Long Distance Phone			
Water			
Cell Phone/Pager			
Garbage			
Cable			
Supplies			
Maintenance/repairs			
Other:_____			
Automobile(s)			
Payment 1			
Payment 2			
Insurance			
Gas			
Maintenance			
Licensing			
Other:_____			
Insurance			
Homeowners			
Auto			
Life			
Health			
Disability			
Other:_____			
Food and Groceries			
Groceries			
Dining out			
Other:_____			
Other:_____			
Professional Fees			
Physician			
Dentist			
Eye Care			
Veterinarian			
Hair stylist			
Attorney			
Other:_____			
Entertainment & Travel			
Movies/Video tapes			
Dining out			

ITEM	PAID TO	MONTHLY AMOUNT	PROPOSED AMOUNT
Sporting events			
Concerts			
Travel			
Other:_____			
Clothing			
Purchases			
Cleaning and repair			
Other:_____			
Loans			
Personal			
Credit Card			
Credit Card			
Credit Card			
Other:_____			
Taxes			
Federal			
State			
Local			
Other:_____			
Contribution and gifts			
Charity			
Church or Synagogue			
Other:_____			
Other:_____			
Savings and Investments			
Toward short-term goal			
Toward long-term goal			
Legal Obligations			
Alimony/child support			
Payments on lien or judgment			
Other:_____			
Miscellaneous			
Dues			
Health Club			
Postage			
School tuition/fees/books			
Child care			
Your own personal items			
Describe			
Describe			
GRAND TOTAL			