

Household Budgeting Worksheet

Photocopy this sheet before using it

Make sure that you include all take-home income and expenses as accurately as possible. The information you provide will be used to compute your household budgeting plan. Try not to inflate the numbers, but do not underestimate either. If a monthly expense is automatically deducted from your take-home income, do not enter it below.

Monthly Take-Home Income

| | |
|--------------------------|----------|
| Salary/Wages | \$ _____ |
| Salary/Wages (Spouse) | \$ _____ |
| Social Security | \$ _____ |
| Military Pay | \$ _____ |
| Pension Plan/Retirement | \$ _____ |
| Interest Income | \$ _____ |
| Alimony/Child Support | \$ _____ |
| Real Estate (Rent) | \$ _____ |
| Dividends (Investments) | \$ _____ |
| Unemployment/Food Stamps | \$ _____ |
| Royalties/Other Income | \$ _____ |
| Total Income | \$ _____ |

Monthly Secured Debts

| | |
|------------------------------------|----------|
| Rent (Apartment, etc) | \$ _____ |
| 1st Mortgage/Taxes/Insurance | \$ _____ |
| 2nd Mortgage/Taxes/Insurance | \$ _____ |
| Trailer Park Space Rent | \$ _____ |
| Student Loans | \$ _____ |
| Auto Loans/Leases | \$ _____ |
| Recreation Toys (Watercraft, etc.) | \$ _____ |
| Past-Due Taxes | \$ _____ |
| Other Secured Debts | \$ _____ |
| Other Secured Loans | \$ _____ |
| Total Secured Debt | \$ _____ |

Monthly Living Expenses

| | |
|------------------------------------|----------|
| Food (Home, Work, School) | \$ _____ |
| Household Items | \$ _____ |
| Clothing | \$ _____ |
| Laundry/Dry Cleaning | \$ _____ |
| Telephone (Home, Cell, Pager) | \$ _____ |
| Internet Service | \$ _____ |
| Cable TV/Satellite | \$ _____ |
| Electric | \$ _____ |
| Gas/Oil | \$ _____ |
| Water/In-Home Service | \$ _____ |
| Trash Service | \$ _____ |
| Auto Gas/Maintenance | \$ _____ |
| Auto Insurance | \$ _____ |
| Health & Dental Insurance | \$ _____ |
| Life & Disability Insurance | \$ _____ |
| Homeowners/Renters Insurance | \$ _____ |
| Education (Tuition, Supplies) | \$ _____ |
| Personal Care (Hair, Nails, etc) | \$ _____ |
| Medical Care (Prescriptions, etc.) | \$ _____ |
| Child Care (Nanny, Day Care) | \$ _____ |
| Children Activities (Sports, etc.) | \$ _____ |
| Alimony/Child Support | \$ _____ |
| Gardener/Pool/Alarm Service | \$ _____ |
| Entertainment | \$ _____ |
| Homeowner Dues | \$ _____ |
| Subscriptions | \$ _____ |
| Health Club Membership | \$ _____ |
| Contributions/Donations/Gifts | \$ _____ |
| Other Expenses (Misc.) | \$ _____ |
| Total Expenses | \$ _____ |

Monthly Unsecured Debts

| | |
|-----------------------------|----------|
| Credit Card | \$ _____ |
| Credit Card | \$ _____ |
| Credit Card | \$ _____ |
| Credit Card | \$ _____ |
| Credit Card | \$ _____ |
| Credit Card | \$ _____ |
| Personal Loan | \$ _____ |
| Personal Loan | \$ _____ |
| Medical/Dental Bills | \$ _____ |
| Other Unsecured Loans | \$ _____ |
| Total Unsecured Debt | \$ _____ |

Summary of Budget

| | |
|---|----------|
| Total Take-Home Income | \$ _____ |
| | (minus) |
| Total Living Expense Payments | \$ _____ |
| Total Secured Debt Payments | \$ _____ |
| Total Unsecured Debt Payments | \$ _____ |
| | (equals) |
| Your Disposable Income or Deficit | \$ _____ |
| Note: If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create a workable budget for you and your family. | |

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