

Budget Estimate

Name: _____

Date _____

Income (weekly, bi-weekly, semi-monthly or monthly)	Head of Household	Spouse	Total
Gross Salary	\$	\$	\$
Payroll Tax Deduction	\$	\$	\$
Insurance Deduction on Paycheck	\$	\$	\$
Other Deductions (401K, Dues)	\$	\$	\$
Other Income (unemployment, child care, social security)	\$	\$	\$
Net Monthly Income	\$	\$	\$

Average Monthly Expenses	Amount
Rent or Mortgage?	\$
<u>Does Mortgage include taxes?</u>	<u>YES or NO – circle one</u>
<u>Does Mortgage include insurance?</u>	<u>YES or NO – circle one</u>
Electricity and gas used for heating and cooking	\$
Water	\$
Phone	\$
Cable TV	\$
Garbage Collection	\$
Food	\$
Day Care, Child Care, School Expenses	\$
Clothing, Laundry	\$
Personal Care Products	\$
Dental, Medical Visits and Prescription Drugs	\$
Gasoline and Car Maintenance	\$
Recreation, Entertainment and Miscellaneous	\$
Health Insurance	\$
Life Insurance	\$
Car/Truck Insurance	\$
Taxes (real estate & personal property- NOT INCOME)	\$
Installment Payments (car, furniture, or other secured debts)	\$ (both payments)
Item: \$ _____ \$ _____	
Court ordered child support or alimony payments	\$
Other regular monthly living expenses (specify)	\$
Total	\$