MONTHLY BUDGET START TELLING YOUR MONEY WHERE IT GOES



NET MONTHLY INCOME FROM ALL SOURCES

| HOUSING EXPENSES | Amount | INSURANCE | Amount |
|---------------------------------|-----------|-------------------------|--------|
| Rent / Mortgage | | Life Insurance | |
| Real Estate Taxes | | Health Insurance | |
| Association Dues | | Dental Insurance | |
| Repairs / Maintenance | | Vision Insurance | |
| TOTAL | | Homeowner / Renter's | |
| | | Auto Insurance | |
| UTILITIES | Amount | Disability Insurance | |
| Electricity | | TOTAL | |
| Gas | | | |
| Water | | CHARITY | Amount |
| Trash | | Tithes | |
| nternet | | Donations | |
| Cable | | TOTAL | |
| Phone | | | |
| TOTAL | | SAVINGS | Amount |
| | | Savings Fund | |
| FOOD | Amount | Retirement Fund | |
| Groceries | | College Fund | |
| Restaurants | | TOTAL | |
| TOTAL | | | |
| | | FAMILY | Amount |
| PERSONAL CARE | Amount | Entertainment | |
| New Clothes | , inodite | Vacation | |
| aundry / Dry Cleaning | | Child Support / Alimony | |
| Salon Services | | Child Care | |
| FOTAL | | Education / Tuition | |
| | | Other | |
| TRANSPORTATION | Amount | TOTAL | |
| Gas | Amodini | IOTAL | |
| Car Maintenance | | DEDTS | Amount |
| Parking | | DEBTS Car Payments | Amount |
| Public Transportation | | Student Loans | |
| TOTAL | | Credit Card 1 | |
| IOTAL | | Credit Card 2 | |
| | Amount | Credit Card 3 | |
| MEDICAL Doctor Visits | Amount | Other | |
| Emergency Visits | | TOTAL | |
| _mergency visits _ab Results | | IUIAL | |
| Lab Results Medications | | | |
| | | INCOME | |
| Supplements & Vitamins | | EXPENSES | |
| TOTAL | | BALANCE | |