

# Monthly Household Budget Worksheet - List your monthly payments/expenses

Your monthly budget is an important part of helping you to best manage your money. It also helps us to determine how we can help find opportunities to assist with keeping you in your home. Please review and complete each item carefully.

**IMPORTANT:** If you see an area in which you can reduce a monthly expense, please put a check-mark in the box to the right of the amount; this will help you to find possible reductions in your monthly expenses (see bottom of page), and it will help us to assist you. By working together, we can help you to stay in your home.

A. Housing	Monthly Payment	
Mortgage or rent		
Second mortgage (home equity)		
Homeowners association fees		
Property taxes		
Maintenance or repairs		
Phone, incl. cell phone(s), pager, etc.		
Utilities (water, gas, electricity, etc.)		
Cable/satellite programming		
Waste removal		
Mortgage(s) on other home(s)		
Other		
<b>Subtotal of Section A</b>		<b>\$</b>

E. Transportation		
Vehicle 1 (loan payment)		
Vehicle 2 (loan payment)		
Public transportation (bus, taxi, train, etc.)		
Vehicle insurance (all vehicles)		
Licensing		
Fuel & maintenance		
Other		
<b>Subtotal of Section E</b>		<b>\$</b>

C. Other Debt		
Credit Card # 1		
Credit Card # 2		
Credit Card # 3		
Unsecured (Personal) Loan(s)		
Student Loan(s)		
Other (list)		
<b>Subtotal of Section C</b>		<b>\$</b>

D. Personal		
Entertainment (movies, music, etc.)		
Household toiletries and supplies		
Medical		
Grooming (hair, nails, etc.)		
Clothing (including dry cleaning)		
Health club or other club fees/dues		
Charitable contributions		
Pet expenses (food, medical, etc.)		
Other		
<b>Subtotal of Section D</b>		<b>\$</b>

E. Food	Monthly Payment	
Groceries		
Dining out		
Other		
<b>Subtotal of Section E</b>		<b>\$</b>

F. Family (incl. Children)		
Medical		
Clothing		
School tuition		
School supplies		
Organization dues or fees		
Child care		
Toys/games		
Other		
<b>Subtotal of Section F</b>		<b>\$</b>

G. Insurance		
Home (including Flood Insurance)		
Health (Medical, Dental, Vision, etc.)		
Life		
Other		
<b>Subtotal of Section G</b>		<b>\$</b>

H. Legal		
Attorney		
Alimony		
Payments on lien or judgment		
Other		
<b>Subtotal of Section H</b>		<b>\$</b>

I. Savings or Investments		
Retirement account(s)		
Investment account(s)		
College savings		
Other		
<b>Subtotal of Section I</b>		<b>\$</b>

J. Taxes		
Federal		
State		
Local		
Other		
<b>Subtotal of Section J</b>		<b>\$</b>

<b>Total of Sections A-J</b>	<b>\$</b>
------------------------------	-----------

Possible reductions in monthly expenses	<b>\$</b>
---	-----------

The information above is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_