

MONTHLY HOUSEHOLD EXPENSES

This form is used to ensure you are not over spending and can maintain your monthly household expenses in a responsible manner.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

INCOME	AMOUNT
Paychecks (salary after taxes, benefits, and check cashing fees)	
Other income (after taxes) for example: child support	\$
Other income	\$
Total Monthly Income	\$ -

EXPENSES	AMOUNT
Rent or Mortgage	
Renter's or homeowners insurance	\$
Utilities (elec, water, gas)	\$
Internet, cable, phones	\$
Other housing expenses (Like property taxes)	\$
Groceries and Household supplies	\$
Meals out	\$
Other food expenses	\$
Public transportation and taxis	\$
Gas for autos	\$
Parking and tolls	\$
Car maintenance (like oil changes)	\$
Car insurance	\$
Car loan	\$
Other transportation expenses	\$

INCOME	\$ -
EXPENSES	\$ -
NET	\$ -

EXPENSES	AMOUNT
Medicine	\$
Health insurance	\$
Other health expenses (like doctors' appts/eyeglasses)	\$
Child Care	\$
Child support	\$
Money given or sent to family	\$
Clothing and shoes	\$
Laundry	\$
Donations	\$
Entertainment (like movies and amusement parks)	\$
Other personal or family expenses (like beauty care)	\$
Fees for Cashier's checks and money transfers	\$
Prepaid cards and phone cards	\$
Bank or credit card fees	\$
Other fees	\$
School costs (like supplies, tuition, student loans)	\$
Other payments (like credit cards and savings)	\$
Other expenses this month	\$
Total Monthly Expenses	\$ -

Signature _____

Date _____