

## MONTHLY BUDGET

*Income, Earnings, and Benefits:*

You – Source: \_\_\_\_\_ Spouse – Source: \_\_\_\_\_

Gross: \$ \_\_\_\_\_

Gross: \$ \_\_\_\_\_

Net: \$ \_\_\_\_\_

Net: \$ \_\_\_\_\_

Frequency:  Weekly  Bi-Weekly  
 Monthly  Bi-Monthly

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 Monthly  Bi-Monthly

### ITEMS

### AMOUNT

Mortgage or Rent Payments (DO NOT include Property Tax or Insurance)	\$
Utilities -	
Electricity and Gas	\$
Water	\$
Garbage	\$
Telephone (“land line”; local and long distance service)	\$
Cellular	\$
Cable or Digital Satellite Television	\$
Internet	\$
Medical and Dental (prescription drugs, therapy sessions, nursing care, etc.)	\$
Groceries	\$
Clothing	\$
Laundry and Dry Cleaning (detergent and other fabric care products, etc.)	\$
Hygiene (soap, shampoo, toothpaste, etc.; <i>DOES NOT</i> include salon or spa visits)	\$
Recreation (CDs, books, film, performances, gaming, sports, hobbies, memberships, etc.)	\$
Transportation -	
License and Registration Fees	\$
Car Payments	\$
Fuel	\$
Service, Maintenance, and Repair	\$
Parking (whether on a lot or at a garage, or a permit for street parking)	\$
Public Transit (MUNI, BART, Golden Gate Transit, SamTrans, CalTrain, etc.)	\$
Tolls (includes FastTrak)	\$

**ITEMS (CONTINUED)**

**AMOUNT**

Insurance -	
Life	\$
Medical, Dental, and Vision	\$
Homeowner's or Renter's	\$
Automotive	\$
Tax Payments -	
Federal (IRS) and State (FTB) Income	\$
Property	\$
Education (tuition and fees, books and materials, student loan payments, etc.)	\$
Support Payments (alimony, spousal, or child; <i>MUST BE PROVED</i> )	\$
Support of Others Who <i>DO NOT</i> Live With You ( <i>MUST BE PROVED</i> )	\$
Charitable Contributions (includes tithing to religious groups; <i>MUST BE PROVED</i> )	\$
Business Expenses (ITEMIZE on the lines below; <i>MUST BE PROVED</i> )	
	\$
	\$
	\$
	\$
	\$
	\$
Other Expenses (i.e., child care, pet care, etc.; ITEMIZE on the lines below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**TOTAL OF ALL LISTED EXPENSE AMOUNTS: \$**