

Personal Budgeting Worksheet

Housing Expenses

Rent/Mortgage \$ _____
 Heat \$ _____
 Electric \$ _____
 Water/Sewer \$ _____
 Renter/Homeowner Ins. \$ _____
 Trash Pick-up \$ _____
 Landline/Cell Phone \$ _____
 Maintenance \$ _____

Transportation Expenses

Car payment(s) \$ _____
 Car insurance \$ _____
 Car inspection (if needed) \$ _____
 Repairs/Maintenance \$ _____
 Gas \$ _____
 Registration \$ _____
 Bus/Taxi Service \$ _____
 Parking/tolls \$ _____

Food

Groceries \$ _____
 School Breakfast/Lunch \$ _____
 Work Lunch \$ _____

Insurance

Health \$ _____
 Dental \$ _____

Medical

Doctor Visits \$ _____
 Dentist Visits \$ _____
 Medicine(s) \$ _____

Childcare

Daycare/Babysitter/Nanny \$ _____
 Child Support \$ _____

Education

Tuition \$ _____
 Books \$ _____

Donations

Tithe \$ _____
 Charity \$ _____

Subscriptions

Magazine/Newspaper \$ _____

Gifts

Birthday \$ _____
 Christmas \$ _____

Personal Allowances \$ _____
 Clothing \$ _____
 Laundry/dry cleaning \$ _____
 Hair Cuts \$ _____
 Personal Hygiene \$ _____
 Alcohol \$ _____
 Tobacco Products \$ _____

Entertainment
 Eating Out \$ _____
 Cable/Satellite \$ _____
 Gambling \$ _____
 Travel \$ _____
 Hobbies \$ _____
 Movies/Movie Rentals \$ _____
 Internet \$ _____

Debts
 Credit Cards \$ _____
 Student Loans \$ _____
 Personal Loans \$ _____
 Medical Bills \$ _____

Savings
 Bank Account \$ _____

Total Monthly Expenses = \$ _____
-Net Income \$ _____
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=Cash Flow \$ _____