

Personal Budget Form

Monthly Income (checks or cash):	
Monthly Fixed Expenses:	
Rent/mortgage (principal, tax, insurance)	_____
Life insurance	_____
Medical/health insurance	_____
Vehicle insurance	_____
Disability insurance	_____
Household insurance	_____
Car payments	_____
Other loan payments	_____
Savings	_____
Emergency savings	_____
Other (list)	_____
Monthly Flexible Expenses:	
Utilities (electric, gas, water, phone, fuel oil, etc.)	_____
Credit card payments	_____
Auto upkeep (gasoline, oil, maintenance)	_____
Food (at home and away from home)	_____
Clothing	_____
Household supplies	_____
Medical/dental costs	_____
Recreation/entertainment	_____
Church donation/other charities	_____
Childcare	_____
Education	_____
Personal allowances	_____
Other (list)	_____
Total Monthly Expenses:	_____
Total Income Minus Total Expenses:	_____
Add or Minus Balance from Previous Month:	_____