

My Budget

| Bill | Monthly Amount |
|---|----------------|
| Monthly Bills | |
| Mortgage/Rent: | _____ |
| Property Taxes: (If not escrowed) | _____ |
| Homeowners Insurance: (If not escrowed) | _____ |
| Utilities: (sewer, water, garbage, electricity) | _____ |
| Car Insurance: | _____ |
| Miscellaneous Insurance: (Health, disability, life) | _____ |
| Television, phone, cell phones, internet, etc.: | _____ |
| Miscellaneous Bills (ex. newspaper subscription) | _____ |
| Debt | |
| Auto Loans | _____ |
| Student Loans | _____ |
| Credit Cards | _____ |
| | _____ |
| | _____ |
| Home Equity Loans/Line of Credit | _____ |
| Miscellaneous Loans | _____ |
| Unfixed Expenses | |
| Food | _____ |
| Gas | _____ |
| Personal Care (toiletries, hair) | _____ |
| Entertainment | _____ |
| Vacation/Christmas | _____ |
| Gifts/Birthdays | _____ |
| Pets | _____ |

Miscellaneous Expenses

Total Spending Amount:

Insert your total income:

Subtract your Total Spending Amount from above)

-

Total surplus or negative balance:
