

Center for Nonprofit Housing

Monthly Household Budget



Please complete according to your ACTUAL budget as of today

Monthly Household Income	Current	Revised	<u>Education</u>	Current	Revised
Net Wages (take home pay)			Tuition		
Food Stamps/EBT			Books/Papers/Supplies		
Child Support			Newspapers/Magazines		
Social Security/Soc. Sec Disability			Lessons (sports, dance, music, etc.)		
Pension/Retirement			<u>Gifts</u>		
Unemployment			Birthdays		
Other:			Major Holidays		
Total Monthly Income			<u>Personal</u>		
Housing Expenses			Barber/Haircut/Beauty Shop		
Rent			Toiletries (if separate from groceries)		
Heating/Gas			Children's allowances		
Electricity			Tobacco		
Water/Sewage			Beer/Wine/Liquor/Bars		
Phone (land lines and/or cell phones)			<u>Entertainment</u>		
Renters Insurance			Movies/events/concerts		
Trash			Netflix/Redbox		
Garbage/Recycling			Internet		
Maintenance/Furnishings			Cable/Satellite TV		
Cleaning Supplies (if separate from groceries)			Restaurants/Eating Out/Take out meals		
Lawn Service			Gambling/Lottery		
Transportation			Fitness/Gym		
Gas			Vacations/Trips		
Car Payment			Hobbies/Crafts		
Car Insurance			<u>Debts</u>		
Repairs/Maintenance (oil change, etc.)			Students Loans		
License/Registration Fees			Credit Card (monthly minimum payment)		
Parking/Tolls			Credit Card (monthly minimum payment)		
Food			Credit Card (monthly minimum payment)		
Groceries/Food			Credit Card (monthly minimum payment)		
School Lunches			Medical Bills		
Work related (meals, snacks)			Personal Loans		
Insurance			<u>Childcare</u>		
Health (medical, dental, if not deducted)			Childcare/Babysitters		
Life Insurance			Child Support/Alimony paid		
Disability					
Medical			<u>Donations</u>		
Doctor			Tithing/Charity/Other		
Dentist			Child Support (if not automatically deducted)		
Prescriptions			<u>Other</u>		
Clothing			List:		
Clothing			List:		
Laundry/Dry-cleaning (if separate from groceries)			List:		

Total Monthly Household Expenses	\$	Total Household Monthly Cash Flow:	\$
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Client Name: _____	Client Signature: _____	Date: _____
Co-Client Name: _____	Client Signature: _____	Date: _____
Counselor Name _____	Counselor Signature: _____	Date: _____