

| Budget Worksheet | |
|--------------------------------|--------|
| Name | Date |
| Monthly Income: | |
| | |
| Categories | Amount |
| | |
| Mortgage or Rent | |
| Cable | |
| Telephone/Cell Phone | |
| Internet | |
| Car Payments/Metro or Bus Pass | |
| Gasoline | |
| Oil Changes | |
| Health Insurance | |
| Auto Insurance | |
| Dental Insurance | |
| Vision Insurance | |
| Life Insurance | |
| Home Care Products | |
| Personal Care Products | |
| Medicine | |
| Entertainment | |
| Groceries | |
| Clothing | |
| Eating Out | |
| Student Loan Debt | |
| Savings (Either 5 or 10%) | |
| | |
| Total Expenses | |
| | |
| Income minus Expenses | |