

Monthly Household Budget Worksheet - List your monthly payments/expenses

Your monthly budget is an important part of helping you to best manage your money. It also helps us to determine how we can help find opportunities to assist with keeping you in your home. Please review and complete each item carefully.

IMPORTANT: If you see an area in which you can reduce a monthly expense, please put a check-mark in the box to the right of the amount; this will help you to find possible reductions in your monthly expenses (see bottom of page), and it will help us to assist you. By working together, we can help you to stay in your home.

A. Housing				
Mortgage or rent				
Second mortgage (home equity)				
Homeowners association fees				
Property taxes				
Maintenance or repairs				
Phone, incl. cell phone(s), pager, etc.				
Utilities (water, gas, electricity, etc.)				
Cable/satellite programming				
Waste removal				
Mortgage(s) on other home(s)				
Other				
Subtotal of Section A				\$
B. Transportation				
Vehicle 1 (loan payment)				
Vehicle 2 (loan payment)				
Public transportation (bus, taxi, train, etc.)				
Vehicle insurance (all vehicles)				
Licensing				
Fuel & maintenance				
Other				
Subtotal of Section B				\$
C. Other Debt				
Credit Card # 1				
Credit Card # 2				
Credit Card # 3				
Unsecured (Personal) Loan(s)				
Student Loan(s)				
Other (list)				
Subtotal of Section C				\$
D. Personal				
Entertainment (movies, music, etc.)				
Household toiletries and supplies				
Medical				
Grooming (hair, nails, etc.)				
Clothing (including dry cleaning)				
Health club or other club fees/dues				
Charitable contributions				
Pet expenses (food, medical, etc.)				
Other				
Subtotal of Section D				\$
E. Food				
Groceries				
Dining out				
Other				
Subtotal of Section E				\$
F. Family (incl. Children)				
Medical				
Clothing				
School tuition				
School supplies				
Organization dues or fees				
Child care				
Toys/games				
Other				
Subtotal of Section F				\$
G. Insurance				
Home (including Flood Insurance)				
Health (Medical, Dental, Vision, etc.)				
Life				
Other				
Subtotal of Section G				\$
H. Legal				
Attorney				
Alimony				
Payments on lien or judgment				
Other				
Subtotal of Section H				\$
I. Savings or Investments				
Retirement account(s)				
Investment account(s)				
College savings				
Other				
Subtotal of Section I				\$
J. Taxes				
Federal				
State				
Local				
Other				
Subtotal of Section J				\$
Total of Sections A-J				\$
Possible reductions in monthly expenses				\$

The information above is true and complete to the best of my knowledge.

Signature _____

Date _____