

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses.

HOUSING EXPENSES

Rent payment (Monthly) _____

1st Mortgage or Mobile home
payment _____

2nd Mortgage (if applicable) _____

3rd Mortgage (if applicable) _____

Lot Rent payment (if applicable) _____

Are real estate taxes included in
mortgage payment? YES NO

Taxes not included in mortgage
payment _____

Insurance not included in
mortgage payment _____

Condo association fees _____

UTILITIES

(normal monthly average)

Electricity _____

Gas _____

Water _____

Telephone (basic & long
distance) _____

Trash pickup _____

Cable TV and/or internet service _____

Cell phone service _____

Alarm system fees _____

BASIC NEEDS (monthly)

Home maintenance (for home
owners) _____

Food (monthly) _____

Clothing (monthly) _____

Laundry (dry cleaning, soap
etc...) _____

Medical expenses NOT paid by
insurance (Co-pays, glasses,
etc) _____

INSURANCE

Renters insurance _____

Life insurance (other than
employer) _____

Health insurance (other than
employer) _____

Automobile insurance _____

Other Insurance _____

TRANSPORTATION

Gasoline/auto maintenance _____

Auto payments _____

Auto lease payments _____

TAXES:

IRS/State of WI payments _____

OTHER EXPENSES

Alimony or child support _____
Payments for someone outside
your home _____

College tuition/Books _____

Union/Professional dues (not
payroll deducted) _____

Oil Changes/Tabs for autos _____

Church Tithes/Contributions _____

Baby sitter / Day Care expenses _____

Children's activities _____

Children's dental, Braces _____

School lunches _____

School expenses _____

Diapers / Formula _____

Physical therapy _____

Psychiatrist / Therapist _____

Prescriptions (out of pocket) _____

Personal care items _____

Pet supplies/food/vet _____

Newspapers, books, magazines _____

Cigarettes / Tobacco _____

Time share expenses _____

Storage Fees _____

Lawn / Snow service _____

Rent to own furniture _____

Loans to family or friends _____

Student loans _____

Probation fees/Restitution _____

Recreation _____

Other _____