



Monthly Budget/Spending Plan

Month/Year: _____

Using the form below to:

1. Determine your monthly family income and expenses prior to the disaster; use the “Income/Expenses Prior to Disaster” columns in the first two tables.
2. Estimate what your current, post-disaster budget; use the “Estimated Current Income/Expenses” columns.
3. Track income and expenses for three months; use the “Actual Income/Expenses” columns.
4. Use the “Comments/Plans for Change” column to write actions to take or things to remember.

Gross Annual Income Before Disaster: _____

Net Monthly Take-Home Income Before Disaster: _____

Monthly Income*						
Net Monthly Income Source	Income Prior to Disaster	Estimated Current Income	Actual Income			Comments/ Plans for Change
			Month 1:	Month 2:	Month 3:	
Income 1:						
Income 2:						
Income 3:						
Income 4:						
Income 5:						
Income 6:						
Total Net Monthly Income						

*Include take-home pay in your income totals. Remember to include all income from jobs, Social Security benefits, investment income, food support, child support, unemployment insurance, as well as disaster-related donations, grants, gift cards, and other assistance.

Monthly Expenses						
Expense Category	Expenses Prior to Disaster	Estimated Current Expenses	Actual Expenses			Comments/ Plans for Change
			Month 1:	Month 2:	Month 3:	
Housing						
Mortgage (PITI)						
2 nd Mortgage:						
Other home loan(s)						
Rent						
Homeowners/renters insurance						
Property taxes						
Natural Gas						
Electricity						
Water, sewer						
Garbage						
Telephone						
Cell phone						
Cable						
Internet						
Maintenance						
Other:						
Food						
Groceries						
Eating out						
School lunch						
Other:						
Transportation						
Gas						
Maintenance/oil						
Vehicle payment						
Vehicle insurance						
Other:						

Monthly Expenses						
Expense Category	Expenses Prior to Disaster	Estimated Current Expenses	Actual Expenses			Comments/ Plans for Change
			Month 1:	Month 2:	Month 3:	
Health						
Health insurance/ co-pay/deductible						
Prescription						
Over-the-counter						
Life insurance						
Other:						
Personal						
Clothing						
Clothing care						
Personal care						
Child care						
Diapers, supplies						
Child support						
Child allowance						
School activities						
Education						
Household items						
Gifts						
Entertainment/rec.						
Vacation						
Pets						
Personal spending						
Contributions/dues						
Other:						
Savings and Debt Payments						
Savings						
Credit Card 1:						
Credit Card 2:						
Credit Card 2:						

Monthly Expenses						
Expense Category	Expenses Prior to Disaster	Estimated Current Expenses	Actual Expenses			Comments/ Plans for Change
			Month 1:	Month 2:	Month 3:	
Savings and Debts Payments (continued)						
Other:						
Other:						
Total Monthly Expenses						

Use the “Total Net Monthly Income” and “Total Monthly Expenses” columns from the above tables to fill out the budget summary below.

Budget Summary	Budget Prior to Disaster	Estimated Current Budget	Actual			Comments/ Plans for Change
			Month 1:	Month 2:	Month 3:	
Total Net Monthly Income						
Total Monthly Expenses						
Bottom Line (Income minus Total Expenses)						

If your monthly budget is exact, your bottom line would equal zero. This means that your income covers your expenses exactly. As you will discover, this rarely happens consistently on a month-to-month basis! If your bottom line is a positive number, you had more income than expenses.

However, after a disaster, it is not uncommon to have a negative bottom line. With your increasing disaster-related expenses, you may need to find additional sources of income or cut unnecessary expenses to help balance your monthly budget.

What changes do you need to make to your monthly budget? _____
