

Module 2: Appendix

Personal Budget Form

A	Monthly Income (checks or cash):	
	Monthly Fixed Expenses:	
1	Rent/mortgage (principal, tax, insurance)	
2	Life insurance	
3	Medical/health insurance	
4	Vehicle insurance	
5	Disability insurance	
6	Household insurance	
7	Car payments	
8	Other loan payments	
9	Savings	
10	Emergency savings	
11	Other (list)	
B	Total (add items 1-11)	
	Monthly Flexible Expenses:	
12	Utilities (electric, gas, water, phone, fuel oil, etc.)	
13	Credit card payments	
14	Auto upkeep (gasoline, oil, maintenance)	
15	Food (at home and away from home)	
16	Clothing	
17	Household supplies	
18	Medical/dental costs	
19	Recreation/entertainment	
20	Church donation/other charities	
21	Childcare	
22	Education	
23	Personal allowances	
24	Other (list)	
C	Total (add lines 12-24)	
D	Total Monthly Income (line A)	
E	Total Monthly Expenses (add lines B and C)	
F	Monthly Balance (subtract line E from line D)*	
	Add or Subtract Balance from Previous Month:**	

* If line E is bigger than line D, subtract line D from line E. Write your answer as a negative number, for example, -\$45

** If you have money left over from the previous month, add it. If you ran short on the previous month, subtract it.

If you end up with a negative number, you'll need to deal with it. Either cut that amount from your budget (lines 1-24), or find additional income to cover it.