

Date:

Name:

INCOME	Budget	Actual
Wages		
SSDI/SSI		
Unemployment		
TANF/cash assistance		
Business income		
Gifts		
Child Support		
Other income		

Total INCOME - -

HOME EXPENSES	Budget	Actual
Rent/Mortgage		
Property Taxes		
Electricity/Gas		
Water/Sewer/Trash		
Cell Phone		
Internet		
Cable		
Storage		
Child Care		
Other		
Other		

Total HOME EXPENSES - -

TRANSPORTATION	Budget	Actual
Vehicle Payments		
Auto Insurance		
Fuel		
EZ Pass		
LIRR/commuter card		
Metrocard		
Taxi/Uber		

Total TRANSPORTATION - -

HEALTH	Budget	Actual
Health Ins. Co Pays		
Dental CoPays		
Medicine/Drugs		
Therapy		
Life Insurance		
Gym		
Other		

Total HEALTH - -

CHARITY/GIFTS	Budget	Actual
Family Contributions		
Charitable Donations		
Religious Donations		
Other		

Total CHARITY/GIFTS - -

BUDGET SUMMARY	Budget	Actual
Total Income	0.00	0.00
Total Expenses	0.00	0.00
NET	0.00	0.00

Income/Expense 0.00

DAILY LIVING	Budget	Actual
Groceries		
Eating Out/Take out		
Clothing/Shopping		
Household Items		
Laundry/Dry Cleaning		
Personal Supplies		
Barber/Salon/Hair		
Mani/Pedi		
Books/Classes		
Pets - Food & Vet		
Other		

Total DAILY LIVING - -

OBLIGATIONS	Budget	Actual
Credit cards		
Installments		
Student Loans		
Back taxes		
Subscriptions		
Other		
Other		
Other		

Total OBLIGATIONS - -

SAVINGS	Budget	Actual
Deposits to bank acct		
Investment App		
529 Plan		
Retirement		
Other		

Total SAVINGS - -

ENTERTAINMENT	Budget	Actual
Apple Music		
Movies		
Itunes, Spotify/Netflix		
Amazon		
Concert/Clubs		
Cigarettes		
Drugs/Alcohol		
Lottery Tickets		
Gambling		
Other		

Total Entertainment 0.00 -

** Keep in mind that this is just a template to get you started. You can replace the categories that don't apply to you.**