

# *Family Budget Worksheet*

## I. INCOME

	Monthly	One Time	Annual Total
Husband	_____	_____	_____
Wife	_____	_____	_____
Dividends/interest	_____	_____	_____
Gifts	_____	_____	_____
Bonuses	_____	_____	_____
Tax refunds	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

## II. SET EXPENSES & OBLIGATIONS

	Monthly	One Time	Annual Total
Tithe	_____	_____	_____
Rent or mortgage	_____	_____	_____
Second mortgage	_____	_____	_____
Electricity	_____	_____	_____
Heat/cooling	_____	_____	_____
Telephone (not cell)	_____	_____	_____
Water & sewer	_____	_____	_____
Garbage	_____	_____	_____
Child care	_____	_____	_____
Education loans	_____	_____	_____
Income tax	_____	_____	_____
Property tax	_____	_____	_____
Home insurance	_____	_____	_____
Life insurance	_____	_____	_____
Med./dental insurance	_____	_____	_____
Disability insurance	_____	_____	_____
Auto loan or lease	_____	_____	_____
Other installment loans	_____	_____	_____
Savings	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

### III. RECAP AND SUMMARY

	Monthly	One Time	Annual Total
1. Total income (from I. above)	_____	_____	_____
2. Total set expenses (from II. above)	_____	_____	_____
Available funds (Deduct line 2 from line 1)	_____	_____	_____

### IV. VARIABLE EXPENSES

	Monthly	One Time	Annual Total
Food	_____	_____	_____
Clothing	_____	_____	_____
House supplies	_____	_____	_____
House furnishings	_____	_____	_____
House maintenance	_____	_____	_____
Animal care	_____	_____	_____
Car gas/maintenance	_____	_____	_____
Car license/fees	_____	_____	_____
Car tolls/parking	_____	_____	_____
Other transportation	_____	_____	_____
Cell phones	_____	_____	_____
Gifts	_____	_____	_____
Medical/dental	_____	_____	_____
Prescriptions	_____	_____	_____
Cleaners	_____	_____	_____
Toiletries	_____	_____	_____
Husband personal care	_____	_____	_____
Wife personal care	_____	_____	_____
Cable TV	_____	_____	_____
Internet	_____	_____	_____
Magazine/newspaper	_____	_____	_____
Eating out	_____	_____	_____
Dates/entertainment	_____	_____	_____
Baby-sitters	_____	_____	_____
Clubs/activities	_____	_____	_____
Vacation	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
Available funds (from III. Recap*)	_____	_____	_____
Plus/minus	_____	_____	_____

\*If your plus/minus is zero in the Annual Total column, this is your family budget. If you have a plus balance, apply this amount to reducing debts or savings. If you have a minus balance, more work needs to be done on cutting variable expenses. If you still cannot reach a balanced budget, you will have to examine your set expenses to see how you might adjust your style of living to “live within your means.”