

MONTHLY HOUSEHOLD BUDGET

Client Name: _____

Date: _____

| MONTHLY INCOME | GROSS | NET |
|------------------------------|----------|---------|
| Primary income | | |
| Secondary income | | |
| Part time income | | |
| Alimony/Child support | | |
| Rent received | | |
| Social security benefit | | |
| Pension/Retirement | | |
| Unemployment income | | |
| Food stamps | | |
| Total Monthly Income | | |
| HOUSING EXPENSE | BALANCE | PAYMENT |
| 1st mortgage | | |
| 2nd mortgage | | |
| Association dues/Lot rent | | |
| Property taxes | | |
| Home insurance | | |
| Total Housing Expense | | |
| UTILITIES | PAST DUE | CURRENT |
| Heating gas/oil | | |
| Electric | | |
| Water | | |
| Trash disposal | | |
| Cable/Satellite | | |
| Telephone/landline | | |
| Cell phone | | |
| Internet | | |
| Alarm service | | |
| Miscellaneous utility | | |
| Total Utility Expense | | |
| SECURED DEBTS | BALANCE | PAYMENT |
| Auto loan/lease | | |
| Auto loan/lease | | |
| Recreation vehicle | | |
| Time share/vacation property | | |
| Student loan | | |
| IRS/State Taxes | | |
| Total Secured Debts | | |

| FLEXIBLE HOUSEHOLD EXPENSES | |
|---------------------------------|--|
| Groceries/month | |
| Dining out including lunches | |
| Entertainment | |
| Gasoline | |
| Car insurance | |
| Vehicle tags/license | |
| Car maintenance/Oil/Tires | |
| Health/Dental insurance | |
| Health/Dental copay/expense | |
| Prescriptions | |
| Monthly Savings | |
| Holiday/Birthday Gifts | |
| Life Insurance | |
| Child care | |
| Child support | |
| School supplies/tuition | |
| Home maintenance | |
| Church/charity | |
| Personal Care/Health Club | |
| Pet care | |
| Clothing | |
| Drying cleaning/laundromat | |
| Total Household Expenses | |

| UNSECURED DEBTS | BALANCE | PAYMENT |
|---------------------------------|---------|---------|
| Total Credit Card Debt | | |
| Total Personal Loan Debt | | |
| Total Unsecured Payments | | |

| ASSETS | |
|-----------------------------------|--|
| Checking | |
| Savings | |
| 401K | |
| 403B | |
| Value of Vehicles Paid in Full | |
| Value of Real Estate Paid in Full | |
| Total Assets | |

| FINANCIAL SUMMARY | | |
|-----------------------------|--|--|
| Total Net Income | | |
| Total Housing Expense | | |
| Total Utility Expense | | |
| Total Secured Expense | | |
| Total Household Expense | | |
| Total Unsecured Expense | | |
| Total Expenses | | |
| Income Less Expenses | | |

Client's Signature: _____

Date: _____

MICHIGAN STATE
UNIVERSITY

Extension

www.mimoneyhealth.org