**YOUR EXPENSE WORKSHEET**

Using a pencil, list all of your expenses on the worksheet. Then record the total on of each expense on YOUR BUDGET SHEET beside Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **HOUSING** | **AMOUNT** |
| 1. Rent or Mortgage |  |
| 2. House Taxes |  |
| 3. Utilities – Heating (gas, electric, oil, propane, wood) |  |
| 4. Utilities – Electricity |  |
| 5. Utilities – Water |  |
| 6. Utilities – (phone, internet, television) |  |
| 7. Repair and Garden |  |
| 8. Household Items (items such as appliances & tools) |  |
| 9. House Insurance |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **CLOTHING** | **AMOUNT** |
| 1. Adult Clothing |  |
| 2. Children’s Clothing |  |
| 3. Laundromat |  |
| 4. Dry Cleaning |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **TRANSPORTATION** | **AMOUNT** |
| 1. Public Transportation |  |
| 2. Car Loan / Lease |  |
| 3. Gas |  |
| 4. Repairs |  |
| 5. Car Insurance |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **HEALTH** | **AMOUNT** |
| 1. Life Insurance |  |
| 2. Medical Insurance |  |
| 3. Medical Bills |  |
| 4. Dental Insurance |  |
| 5. Dental Bills |  |
| 6. Prescriptions |  |
| 7. Vitamins |  |
| 8. Other Products |  |
| 9. Services – Hair, Nails, Massage, etc. |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **MISCELLANEOUS** | **AMOUNT** |
| 1. Education – Lessons or Club Fees |  |
| 2. Entertainment – Eating out & corner store snacks |  |
| 3. Entertainment – Recreation – movies, bowling, etc. |  |
| 4. Entertainment – Alcohol / Drugs (non prescription) |  |
| 5. Entertainment – Tobacco |  |
| 6. Entertainment – Gambling |  |
| 7. Day Care |  |
| 8. Gifts – Birthday, Christmas, Other |  |
| 9. Pets – Food, Supplies, Toys, Medical |  |
| 10. Hobbies |  |
| 11. Vacations |  |
| 12. Bank Fees |  |
| 13. Other |  |
| 14. Other |  |
| 15. Other |  |
|  |  |
| **TOTAL** |  |

|  |  |
| --- | --- |
| **DEBT** | **AMOUNT** |
| 1. Parents |  |
| 2. Friends |  |
| 3. Overdraft |  |
| 4. Line of Credit |  |
| 5. Bank Loan (other than car which is under transportation) |  |
| 6. Credit Card #1 Name: |  |
| 7. Credit Card #2 Name: |  |
| 8. Credit Card #3 Name: |  |
| 9. Other |  |
| **TOTAL** |  |