

NAME

DATE

My Monthly Budget

INCOME

MONTHLY SALARY	
TAXES	
NET MONTHLY INCOME	

HOUSING

RENT/MORTGAGE	
ELECTRICITY	
WATER	
PHONE	
INTERNET	
HOA	
OTHER: _____	
TOTAL	

PERSONAL

FOOD	
CLOTHING	
BEAUTY	
HAIR	
OTHER: _____	
TOTAL	

SAVINGS

SAVINGS ACCOUNT	
EMERGENCY FUND	
RETIREMENT	
OTHER: _____	
TOTAL	

TRANSPORTATION

AUTO LOAN PAYMENT	
GAS	
INSURANCE	
OTHER: _____	
TOTAL	

ENTERTAINMENT

DINING OUT	
MOVIES	
VACATION	
OTHER: _____	
OTHER: _____	
TOTAL	