



# Monthly Budget Worksheet

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip code)

Marital Status:  Single  Married  Divorced Number of Dependents: \_\_\_\_\_

Number of Federal Tax Exemptions Claimed: \_\_\_\_\_

### INCOME:

Source	Amount	
	\$	
	\$	
	\$	
Total		\$

### Garnishments/ Judgments

Description	Amount	
	\$	
	\$	
	\$	
Total		\$

### Per Pay Period

Total Gross Income

\$

### Payroll Deductions

Type	Amount	
	\$	
	\$	
	\$	
Total		\$

Total Net Income

\$



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## EXPENSES:

### HOUSING EXPENSES

Mortgage/Rent payment	\$
Property Taxes (if not included with mortgage)	\$
Home/Rental Insurance (if not included with mortgage)	\$
Heating Expense	\$
Electricity	\$
Gas	\$
Water/Sewer/Garbage	\$
Telephone	\$
Cable Television	\$
Other	\$

**Total Housing Expenses** \$

### TRANSPORTATION EXPENSES

Car Loan(s)	\$
Auto Insurance	\$
Gasoline	\$
Tolls	\$
Auto Maintenance	\$
Other	\$

**Total Transportation Expenses** \$

### FOOD EXPENSES

Groceries	\$
Lunch/Dinner Expense	\$
Other	\$

**Total Food Expenses** \$

### FAMILY EXPENSES

Health Insurance	\$
Life Insurance	\$
Education	\$
Laundry	\$
Child Care	\$
Clothing	\$
Other Medical Expenses	\$
Other	\$

**Total Family Expenses** \$

**TOTAL MONTHLY EXPENSES** \$



**Creditors:**

**Expectant Participating Creditors**


**Creditors Not Expected to Participate**


**Existing DMP'S with exempted Parties** (Must attach written document of the DMPs)


**Periodic Amount Available for payment toward DMP: \$\_\_\_\_\_**

Why I need debt management program:

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