BUDGET

Housing Resources Inc

Name: _____

Monthly Living Expenses

SAVINGS		**OTHER**	
Payroll Deduct	**$**	Tuition/Dues	**$**
Other	**$**	School Supplies	**$**
Total	**$**	Day Care	**$**
		Child Support	**$**
HOUSING		Credit Payments	**$**
Mortgage/Rent	**$**	*(See page 2 for credit information)*	
Electric	**$**	**Total**	**$**
Gas	**$**		
Water & Sewage	**$**	**MISCELLANEOUS**	
Home/Cell Phone	**$**	Babysitter	**$**
Cable/Satellite	**$**	Household/Personal Items	**$**
Total	**$**	Pet Care	**$**
		Rent/Lease Items	**$**
FOOD		Recreation	**$**
Groceries	**$**	_____	**$**
Other	**$**	_____	**$**
Total	**$**	_____	**$**
		Total	**$**
TRANSPORTATION		**SUMMARY**	
Car Payment	**$**		
Auto Insurance	**$**	Gross Income	**$**
Gas & Oil	**$**		
Repairs	**$**	Net Income	**$**
Bus/Taxi/Other	**$**	Salary Income	**$**
Total	**$**	Salary Income	**$**
		Support Payment(s)	**$**
PROTECTION		Other	**$**
Life Insurance	**$**		
Property/Household Insur	**$**	Total Net Income	**$**
Hospital Insurance	**$**	Total Expense	**$**
Total	**$**	**Overage/Shortage**	**$**
MEDICAL			
Doctor	**$**		
Dentist	**$**		
Prescriptions	**$**		
Total	**$**		
CLOTHING			
Adult (s)	**$**		
Child (ren)	**$**		
Total	**$**		

Credit Payments

Loans/Credit Card Accounts

Name of Creditor	Balance	Monthly Payment	* APR	# Late Payment
TOTALS				

** Annual Percentage Rate (Interest/Finance Charges)*

Checking Account	Yes	No
Savings Account	Yes	No