

Credit Advocate Counseling Corp. Budget Sheet

Name _____

SS# _____

CACC can assist you with creating a budget that is realistic and easy to maintain. Fill out all applicable categories, and your CACC Certified Credit Counselor will review your budget with you along with any necessary changes. Note: IF an item is deducted from your paycheck, such as health insurance, do not list it again as a monthly expense.

Monthly Income – All Sources (For wages, use amounts after taxes, insurance and medical are deducted)	
Salary/Wages	\$ _____
Salary/Wages (spouse)	\$ _____
Social Security Income	\$ _____
Pension Plan/Retirement	\$ _____
Military Income	\$ _____
Interest Income	\$ _____
Real Estate Dividends	\$ _____
Investment Dividends	\$ _____
Unemployment Income	\$ _____
Disability Income	\$ _____
Alimony/Child Support	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Monthly Food Expenses	
Groceries	\$ _____
School/Work Lunches	\$ _____
Snacks/Other	\$ _____
Dining Out	\$ _____
TOTAL FOOD EXPENSES	\$ _____

Monthly Clothing Expenses	
Clothing	\$ _____
Dry Cleaning/Laundry Service	\$ _____
TOTAL CLOTHING EXPENSES	\$ _____

Monthly Housing Expenses	
Mortgage Payment 1	\$ _____
Mortgage Payment 2	\$ _____
Rent Payment (Apartment)	\$ _____
Rent Payment (Other)	\$ _____
Insurance (Homeowner/Renter)	\$ _____
Fees (Homeowner/Condo)	\$ _____
Utilities (Oil, Gas, Electric)	\$ _____
Water/Sewer	\$ _____
Trash Removal	\$ _____
Alarm/Security Service	\$ _____
Gardener/Pool Service	\$ _____
TOTAL HOUSING EXPENSES	\$ _____

Monthly Miscellaneous Expenses	
Cellular Phone/Pager	\$ _____
Internet Service	\$ _____
Cable Television	\$ _____
Personal Care (Hair/Nails)	\$ _____
Child Care (Day Care/Sitters)	\$ _____
Children's Activities (Sports, etc.)	\$ _____
Education (Training/Supplies)	\$ _____
Club Dues or Fees (Health or other)	\$ _____
Alimony/Child Support	\$ _____
Donations (Religious/Charity)	\$ _____
Magazines/CD's/Movies/Books	\$ _____
Tobacco/Alcohol	\$ _____
TOTAL MISC. EXPENSES	\$ _____

Monthly Transportation Expenses	
Automobile Loan 1	\$ _____
Automobile Loan 2	\$ _____
Automobile Loan 3	\$ _____
Automobile Lease	\$ _____
Boat/RV/ATV Loan	\$ _____
Automobile Insurance	\$ _____
Gasoline	\$ _____
Repairs/Maintenance	\$ _____
TOTAL TRANSPORTATION EXPENSES	\$ _____

Monthly Savings Expenses	
Savings Account Deposits	\$ _____
TOTAL MONTHLY SAVINGS	\$ _____

Monthly Medical Expenses	
Prescriptions	\$ _____
Co-Payments	\$ _____
Life & Disability Insurance	\$ _____
Health & Dental Insurance	\$ _____
TOTAL MEDICAL EXPENSES	\$ _____

Monthly Unsecured Debts	
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Student Loan	\$ _____
Collections/Judgments	\$ _____
TOTAL MONTHLY UNSECURED DEBT	\$ _____

BUDGET SUMMARY	
TOTAL MONTHLY INCOME	\$ _____
(Subtract your)	
TOTAL MONTHLY EXPENSES (total all boxes)	\$ _____