

HOUSEHOLD BUDGET ITEMS

HERS

HIS

1. LIVING SPACE

MONTHLY ANNUAL

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House Payment	_____ / _____	_____ / _____
Second Mortgage	_____ / _____	_____ / _____
Rent	_____ / _____	_____ / _____
Association Fees	_____ / _____	_____ / _____
Space Fee	_____ / _____	_____ / _____
Taxes	_____ / _____	_____ / _____
Insurance	_____ / _____	_____ / _____
Pest Control	_____ / _____	_____ / _____

2. UTILITIES

Gas	_____ / _____	_____ / _____
Electricity	_____ / _____	_____ / _____
Water/Sewer/Trash	_____ / _____	_____ / _____
Garbage	_____ / _____	_____ / _____
Cable	_____ / _____	_____ / _____
Home Phone	_____ / _____	_____ / _____
Cell Phone	_____ / _____	_____ / _____
Pager	_____ / _____	_____ / _____

3. MEDICAL

Insurance Premiums	_____ / _____	_____ / _____
Co-Payments	_____ / _____	_____ / _____
Prescriptions	_____ / _____	_____ / _____
Outstanding Bills	_____ / _____	_____ / _____
Therapy/Counseling	_____ / _____	_____ / _____
Eye Care	_____ / _____	_____ / _____
Equipment	_____ / _____	_____ / _____
Other	_____ / _____	_____ / _____

4. DENTAL

Insurance Premiums	_____ / _____	_____ / _____
Co-payments	_____ / _____	_____ / _____
Orthodontist	_____ / _____	_____ / _____
Outstanding Bills	_____ / _____	_____ / _____

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5. ENTERTAINMENT

Eating Out	_____ / _____	_____ / _____
Movies	_____ / _____	_____ / _____
Video Rental	_____ / _____	_____ / _____
Seasonal	_____ / _____	_____ / _____
Other Activities	_____ / _____	_____ / _____

6. GIFTS

Birthdays	_____ / _____	_____ / _____
Christmas	_____ / _____	_____ / _____
Wedding	_____ / _____	_____ / _____
Baby	_____ / _____	_____ / _____
Anniversary	_____ / _____	_____ / _____

7. INSURANCE

Life	_____ / _____	_____ / _____
Accident	_____ / _____	_____ / _____
Disability	_____ / _____	_____ / _____

8. FOOD

At Home	_____ / _____	_____ / _____
At Work	_____ / _____	_____ / _____
Special Diet	_____ / _____	_____ / _____
Other	_____ / _____	_____ / _____

9. CLOTHING

_____ / _____

10. REPAIRS

Residential	_____ / _____	_____ / _____
Automobile	_____ / _____	_____ / _____
Other	_____ / _____	_____ / _____

11. PETS

Food	_____ / _____	_____ / _____
Veterinarian Bills	_____ / _____	_____ / _____
Incidentals	_____ / _____	_____ / _____

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12. CREDIT CARDS _____ / _____ / _____ / _____

13. LOANS

Personal _____ / _____ / _____ / _____

Student _____ / _____ / _____ / _____

Co-Signature _____ / _____ / _____ / _____

14. TIMED PAYMENTS _____ / _____ / _____ / _____

15. GROOMING

Haircuts _____ / _____ / _____ / _____

Nails _____ / _____ / _____ / _____

Massage _____ / _____ / _____ / _____

16. TUITION _____ / _____ / _____ / _____

17. VACATION _____ / _____ / _____ / _____

18. CHURCH

Tithing _____ / _____ / _____ / _____

Camp _____ / _____ / _____ / _____

Activities _____ / _____ / _____ / _____

19. AUTOMOBILE

Payment _____ / _____ / _____ / _____

Insurance _____ / _____ / _____ / _____

Gasoline _____ / _____ / _____ / _____

Upkeep _____ / _____ / _____ / _____

Parking _____ / _____ / _____ / _____

Public Transportation _____ / _____ / _____ / _____

20. CHILDREN

School Registration _____ / _____ / _____ / _____

School Fees _____ / _____ / _____ / _____

Uniforms _____ / _____ / _____ / _____

Activities _____ / _____ / _____ / _____

Lunch _____ / _____ / _____ / _____

Child Care _____ / _____ / _____ / _____

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21. DUES & SUBSCRIPTIONS _____ / _____ / _____ / _____

22. TAXES

Estimated Payments _____ / _____ / _____ / _____

Owed – Federal _____ / _____ / _____ / _____

Owed – State _____ / _____ / _____ / _____

Owed – Local _____ / _____ / _____ / _____

Preparation Fee _____ / _____ / _____ / _____

23. LEGAL FEES _____ / _____ / _____ / _____

24. LAUNDRY & DRY CLEANING _____ / _____ / _____ / _____

25. YARD CARE _____ / _____ / _____ / _____

26. SNOW REMOVAL _____ / _____ / _____ / _____

27. MISCELLANEOUS _____ / _____ / _____ / _____

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TOTALS \$ _____ /\$ _____ /\$ _____ /\$ _____