

Consumer Credit Counseling Basic Budgeting Forms

Your Monthly Income

Monthly Income Source	Current Monthly Income	Required Changes	Planned Net Income
Head of Household net income (income less taxes, etc)			
Household Second net Income (income less taxes, etc)			
Third household net income			
Child Support Received			
Spousal Support Received			
Military Retirement			
Other Retirement Income			
Social Security Received (net)			
Other Income (List Source)			
Total Take- Home Income			

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Monthly Fixed Expenses

Monthly Fixed Expenses	Current Monthly Spending	Necessary Changes	Spending Plan
Mortgage #1			
Mortgage #2			
Home Equity Loan			
Auto Loan/lease #1			
Auto Loan/lease #2			
Recreational Vehicle Loan			
Student Loan (s)			
Rent			
Homeowner Association Dues			
Electricity			
Oil & Gas Heat			
Water			
Garbage Collection			
Sewer			
Phone (land line)			
Cell Phones, Pagers, etc			
Cable/TIVO/Satellite			
Internet Access			
Car Insurance			
Health Insurance			
Long-Term Care Insurance			
Child Support			
Alimony			
Medical/Dental Payments			
Retirement Savings			
Emergency Fund Savings			
Other:			
Other:			
Other:			
Total Monthly Fixed Expenses			

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Calculating Monthly Savings for Periodic Expenses

Monthly Savings for Periodic Expenses	Total Annual Amount	Monthly Amount Saved (annual/12)	Necessary Changes	Spending Plan
Property Taxes (if not calculated in your mortgage)				
School Taxes (if not calculated in your mortgage)				
State & Local Taxes(if not deducted from your paycheck)				
Quarterly Income Taxes				
Insurance (if not paid monthly)				
Car/Boat Registration/License				
Car Maintenance				
Home Repair				
Water (if not monthly)				
Sewer (if not monthly)				
Garbage (if not monthly)				
Medical (not regular)				
Dental (not regular)				
Veterinarian				
Gifts				
Vacation/Travel				
Tuition & School Costs				
Memberships				
Charitable Donations				
Other:				
Other:				
Other:				
Other:				
Total Monthly Periodic Expenses				

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Monthly Variable Expenses

Monthly Variable Expenses	Current Monthly Spending	Necessary Changes	Spending Plan
Card #1			
Card #2			
Card #3			
Card #4			
Card #5			
Store Cards(s) (Total)			
Gas Card			
Other Lines of Credit:			
Groceries			
Eating Out -Restaurants/Fast Food			
School lunches			
Gasoline & Parking			
Public Transportation - Bus, Taxi			
Health Club Memberships			
Drive Through Coffee/Snack			
Laundry/Dry Cleaning			
Household Items (non-food)			
Pet Care & Supplies			
Baby Items			
Children's Allowances			
Hair Cuts/Grooming/ Nails			
Cosmetics			
Clothes			
Entertainment:			
Movie			
Movie/Game Rental			
Cable On-Demand Movies			
Sports Events: Games, Races			
Concerts			
Play/Dinner Theater			
Symphony			
Day Trips			

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Monthly Variable Expenses (cont.)	Current Monthly Spending	Necessary Changes	Spending Plan
Music CD's (iTunes)			
Club Dues			
Baby Sitter/Day Care			
Lessons: Music,/Sports/Tutoring			
Field Trips			
ATM Fees			
Computer/Online Expenses			
Donations/Tithe			
Lawn Service			
Occupational Licenses/Fees			
Emergency Savings			
Tobacco/Alcohol			
Magazine Subscriptions			
Misc. Spending Money			
Postage			
Other:			
Other:			
Other:			
Total Monthly Variable Expenses			

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Putting it All Together

	Current	Required Changes	Planned (\$)
a. Total Take- Home Income (sheet one)			
b. Total Monthly Fixed Expenses (sheet two)			
c. Subtract b from a			
d. Total Monthly Periodic Expenses (sheet three)			
e. Subtract d from c			
f. Total Monthly Variable Expenses (sheet four)			
g. Subtract f from e			
h. Total Take- Home Income			

The amount on line h is your Surplus if the number is positive. If it is, you can contribute more to your saving plan or make larger payments on your high interest credit cards. If the number is negative (-) you need to get back to your expenses and trim some more from the expense side, or find another source of income.