BUDGET ANALYSIS SHEET

MONTHLY LIVING EXPENSES

Basic Living Expense Items	Amount	Totals
Mortgage or Rent		
Taxes / Household Insurance		
Electric		
Heat		
Water and Sewage		
Phone		
Cable		
Garbage		
Repairs/Maintenance		
Groceries/Meat/Laundry Items		
Lunches		
Gasoline and Oil		
Auto Repairs/Maintenance		
Auto Insurance		
Bus Fare		
Parking		
Life Insurance*		
Health/Hospital Insurance*		
Doctor**		
Dentist**		
Prescriptions**		
Eyeglasses**		
Clothing		
Dry Cleaning/Laundry		
Child Care		
Support Payments		
Local Wage Tax*		

*Not employer provided or deducted **Not covered or reimbursed by insurance

Total Living Expenses: _____

MONTHLY DEBT PAYMENTS

Name of Creditor	Balance	Monthly Payments

Total Monthly Debt Payments: _____

MISCELLANEOUS EXPENSES

Miscellaneous Expense Items	Amount	Totals
Dependent Allowances		
Barber/Beauty Shop		
Beverages		
Books and Newspapers		
Church Contributions		
Savings		
Dinner Out/Fast Foods		
Gifts		
Cigarettes/Tobacco		
Toiletries		
Tuition		
Pets		
Recreation		
Other		
Other		
Other		

Total Miscellaneous Expenses: _____

Total Monthly Debt Payments: _____

+ Total Monthly Living Expenses: _____

+ Total Miscellaneous Expenses: _____

= Total Outlay _____

vs.

Total Income: _____

Shortage or Surplus? _____