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