

Monthly Budget Worksheet

Please fill out all sections highlighted in blue.

Applicant			
	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Source4			
Total			

Co Applicant			
	Income Type	Gross Amt	Net Amt
Source1			
Source2			
Source3			
Source4			
Total			

Expenses

		Payments	Balance
Mortgage	Mortgage		
	Property Taxes		if not escrowed
	Insurance		if not escrowed
	Assoc. Fees		if not escrowed
	Second Mortgage		
Utilities	Landline (phone)		
	Water		
	Gas		
	Electric		
	Cable/Internet		
	Trash		
	Cell Phone(s)		
	Groceries		
Auto	Auto Payment (s)		
	Gas		
	Auto Insurance		
Child	Child Care		
	Child Support		
	School Lunches		
Health	Health Ins (self pay)		
	Prescriptions		
	Med/Dental expenses		
	Life Insurance		
Misc. Expen			

Assets	
Balance	
Checking	
Savings	
401k	
IRA	
Keough	
CD's	
Total	

Credit Cards/Loans		
Name	Payment	Balance

Total		
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Total Monthly Net
 Total Monthly Exp. _____
 Net Total

Applicant Print Name _____

Co-Applicant Print Name _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____