



Budget Worksheet

Use a budget to help pay your bills and save for goals or emergencies.

Use this worksheet to make a budget. Fill in how much money you make. Then, fill in your expenses. Subtract your expenses from how much money you make.

MONTH _____

YEAR _____

My income this month

	Monthly total
Wages after taxes	\$
Other income (like child support)	\$
Total monthly income	\$

My expenses this month

HOUSING

	Monthly total
Rent or mortgage	\$
Insurance (like renter's, homeowner's)	\$
Utilities (like electricity, gas, water)	\$
Internet and phone	\$
Other housing expenses (like property taxes, condo fees)	\$

FOOD

	Monthly total
Groceries and household supplies	\$
Eating out/food delivery	\$
Other food expenses	\$

TRANSPORTATION

	Monthly total
Public transportation	\$
Taxis/rideshares	\$
Gas for car	\$
Parking and tolls	\$
Car maintenance (like oil changes)	\$
Car insurance	\$
Cary payment	\$
Other transportation expenses	\$

**HEALTH****Monthly total**

Health insurance	\$
Prescriptions	\$
Co-pays for doctors' appointments	\$
Other health expenses	\$

PERSONAL AND FAMILY**Monthly total**

Childcare (like daycare, babysitting)	\$
Child support you pay	\$
Money you send to family	\$
Clothing and shoes	\$
Entertainment (like subscriptions, movies, concerts)	\$
Travel	\$
Gym or fitness membership	\$
Other personal and family expenses (like donations, laundry, haircuts)	\$

SCHOOL**Monthly total**

Student loan payment	\$
Tuition payment	\$
Other school expenses (like books, supplies)	\$

OTHER**Monthly total**

Bank account or credit card fees	\$
Credit card or other debt payments	\$
Savings deposits	\$
Investment contributions	\$
Other expenses this month	\$

Total monthly expenses	\$
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\$ _____ - \$ _____ = \$ _____
Income **Expenses**

Please include your last 3 check stubs. Further documentation and proof of expenses may be required upon request.

I certify that the information provided is true and accurate and that if I provide false information, it may result in the denial of my application to receive HOPE 3 funding.

Signature: _____ **Date:** _____

Print Name: _____