

## HOUSEHOLD BUDGET

**Current Income** -Fill out separately for each household member

1. Marital Status \_\_\_\_\_
2. What is your occupation? \_\_\_\_\_
3. Name & address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. How long have you been employed there? \_\_\_\_\_
5. What is the gross amount of your paycheck before taxes & other deductions are taken out? \$ \_\_\_\_\_
6. How often do you get paid? Once a week \_\_\_\_\_  
Every two weeks \_\_\_\_\_ Twice a month \_\_\_\_\_  
Once a month \_\_\_\_\_ Other \_\_\_\_\_
7. Do you receive overtime pay outside of your salary?  
If so, how much per month? \_\_\_\_\_
8. How much is taken out of each paycheck for taxes & Social Security? \_\_\_\_\_
9. How much is taken out for insurance? \_\_\_\_\_
10. How much for union dues? \_\_\_\_\_
11. Are there other deductions? If so, what are they and how much? \_\_\_\_\_
12. Do you receive :  
Income from business operations outside of your regular paycheck listed above? \_\_\_\_\_  
If yes, what is the business and how much do you receive per month? \_\_\_\_\_  
\_\_\_\_\_  
  
Income from real estate property? \_\_\_\_\_ If yes, how much per month? \_\_\_\_\_  
  
Interest or Dividends? \_\_\_\_\_ If yes, how much per month? \_\_\_\_\_  
  
Alimony or family support payments for your use or for the care of your dependents?  
If yes, how much per month? \_\_\_\_\_  
  
Social Security or other forms of monetary government assistance? \_\_\_\_\_  
  
Retirement or pension money? \_\_\_\_\_  
  
Do you have any other sources of income not listed? \_\_\_\_\_  
  
Are you expecting any increase or decrease in salary of more than 10% next year? If

so

explain \_\_\_\_\_

## Current Expenses

Do you and your spouse maintain separate households? \_\_\_\_\_ If yes, fill out one page for your household and another for your spouse's.

The following questions ask for your expenses each **month**. If you are unaware of the amount you pay each month, but know the amount for a different period for example per week, per day or every 2 months, write in the amount and the frequency that you pay that amount.

### Indicate how much you pay for each item per month:

1. Your rent or home mortgage \$ \_\_\_\_\_  
Does it include real estate taxes? \_\_\_\_\_  
Does it include property insurance? \_\_\_\_\_
2. Electricity & Heating \$ \_\_\_\_\_
3. Water & Sewage \$ \_\_\_\_\_
4. Telephone service & long distance \$ \_\_\_\_\_
5. Cell phones \$ \_\_\_\_\_
6. Cable TV \$ \_\_\_\_\_
7. Any other Utility bills \$ \_\_\_\_\_
8. Home maintenance, repairs, etc. \$ \_\_\_\_\_
9. Food \$ \_\_\_\_\_
10. Clothing \$ \_\_\_\_\_
11. Dry Cleaning & Laundry \$ \_\_\_\_\_
12. Medical & Dental expenses \$ \_\_\_\_\_
13. Transportation- Not including car payments \$ \_\_\_\_\_
14. Entertainment-recreation, newspapers, magazines \$ \_\_\_\_\_
15. Charitable donations \$ \_\_\_\_\_
16. Insurance not deducted from paycheck:
  - Homeowners or renters insurance \$ \_\_\_\_\_
  - Life insurance \$ \_\_\_\_\_
  - Health insurance \$ \_\_\_\_\_
  - Auto insurance \$ \_\_\_\_\_
  - Other insurance \$ \_\_\_\_\_
17. Taxes not deducted from paycheck \$ \_\_\_\_\_
18. Installment payments for cars, furniture, etc. Specify:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
19. Alimony, maintenance support paid to others \$ \_\_\_\_\_
20. Support of dependents not living at home \$ \_\_\_\_\_
21. Expenses from operation of business \$ \_\_\_\_\_
22. Other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_