**Establish a Budget**

|  |
| --- |
| **Budget** |
| **Category** | **Amount** |
| Monthly Income | $ |
| Monthly Expenses |  |
|  *Housing* |  $ |
|  *Utilities* |  $ |
|  *Transportation* |  $ |
|  *Food* |  $ |
|  *Entertainment* |  $ |
|  *Clothing and Accessories* |  $ |
|  *Healthcare* |  $ |
|  *Other* |  $ |
| Total | $ |
| **Net Amount** | **$** |

**Examples of Category Grouping**

**Housing**

Mortgage Payment

HELOC Payment

Home Insurance

Property Tax

HOA fees, Repairs

Cleaning Supplies

Security System

Lawn Care

Pest Control

Trash Pickup

Furnishings

Linings

**Transportation**

Gas

Oil

Auto Payments

Auto Insurance

Property Taxes

Maintenance

Repairs

Uber/Taxi

**Food**

Groceries

Snacks

Dining Out

Fast Food

**Utilities**

Phone (home and cell)

Electric

Gas

Water

Solar Panels

Cable

Internet

**Entertainment**

Sporting Event

Concert

Vacations (all expenses)

Movies

Camps

Golf Course

Pool Memberships

**Healthcare**

Insurance Premiums

Co-Pays

Medicines

Dentist

Eye Care

Gym Membership

**Clothing and Accessories**

Dry Cleaning

Jewelry

Purse

**Other**

Education

Gifts

Contributions

Childcare

Allowances

Hair

Nails

Pet Supplies

Other Outstanding Debt Payments