

**FAMILY BUDGET**

YEAR: \_\_\_\_\_

INCOME TYPE	Monthly Amount	Yearly Amount
Income 1		
Income 2		
Other Income		
<b>TOTAL INCOME</b>		

EXPENSES	Monthly Amount	Yearly Amount
Mortgage/Rent		
Auto payment 1		
Auto payment 2		
Insurance: Life		
Insurance: Health		
Insurance: HOI		
Insurance: Auto		
Home phone		
Cell phone(s)		
Cable/Satellite TV		
Internet service		
Electricity		
Water		
Gas		
Waste Removal		
Entertainment		
Tuition		
Groceries/Household Goods		
401k / IRA		
Savings		
Other		
<b>TOTAL EXPENSES</b>		

DISPOSABLE INCOME	Monthly Amount	Yearly Amount
Total Income		
Total Expenses		
Total Income -Total Expenses		