

Monthly Household Budget

This is a budget to help you become aware of what you spend in a months' time. Please fill this out based on a monthly time period. Try to be as accurate as you can, so we can better assist you in becoming aware of your expenses and your barriers to paying your monthly bills. If expense is a onetime only expense, then it must be divided by 12 to make it a monthly expense.

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Monthly Income

Job #1 \$ _____
 Job #2 \$ _____
 Social Security \$ _____
 Cash Assistance \$ _____
 Child/Spousal Support \$ _____
 Unemployment Benefits \$ _____
 Money from Another Person \$ _____
 Other Income \$ _____
Total: \$ _____

Monthly Household Bills

Rent/Mortgage \$ _____
 Home/Rental Insurance \$ _____
 Electric \$ _____
 Gas Bill \$ _____
 Cable \$ _____
 Water/Sewer \$ _____
 Trash \$ _____
 Internet \$ _____
 Laundromat Expenses \$ _____
 House Phone \$ _____
 Cellular Phone \$ _____
Total: \$ _____

Monthly Transportation Expenses

Car Payment \$ _____
 Car Insurance \$ _____
 Car Repair/Maintenance \$ _____
 Gasoline/Rides/Transit \$ _____
Total: \$ _____

Monthly Debt Payments

Credit Card \$ _____
 Student Loan Payments \$ _____
 Personal Loans \$ _____
 Child Support Paid \$ _____
 Alimony Paid \$ _____
 Rent to Own Items \$ _____
Total: \$ _____

Monthly Miscellaneous Expenses

Groceries (Out of Pocket) \$ _____
 Fast Food/Restaurants/Snacks \$ _____
 Household Goods/ Cleaning Supplies \$ _____
 Diapers/Formula \$ _____
 Clothing \$ _____
 Haircuts \$ _____
 Tanning Package \$ _____
 Manicure/Pedicure \$ _____
 Doctor/Dentist Visits (co-pays) \$ _____
 Prescriptions \$ _____
 Pet Food/Grooming \$ _____
 School Fees/Lunches/Books \$ _____
 Daycare/Babysitter \$ _____
 Allowance (children) \$ _____
 Other Expense #1 \$ _____
Total: \$ _____

Monthly Fun/ Entertainment

Movies \$ _____
 Memberships \$ _____
 Sports (Self and Children) \$ _____
 Magazines \$ _____
 Newspapers \$ _____
 Books \$ _____
 Vacation/Camping \$ _____
 Hobbies \$ _____
 Tobacco Products \$ _____
 Alcoholic Beverages \$ _____
 Lottery Tickets \$ _____
 Tattoos/Piercings \$ _____
Total: \$ _____

Total INCOME:	_____
Total EXPENSES:	_____
Total Difference:	_____