

# Monthly Budget



TruNorth Financial

## Monthly Fixed Expenses

(Expenses not on your credit card)

### HOUSING

Mortgage/Rent \$ \_\_\_\_\_  
 Property Taxes \$ \_\_\_\_\_  
 Home Maintenance \$ \_\_\_\_\_  
 Homeowner's/  
 Renter's Insurance \$ \_\_\_\_\_  
 Utilities (electric, gas, water, etc.) \$ \_\_\_\_\_  
 Phone/Cable/Internet \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Other

**Total Housing \$ \_\_\_\_\_ 0**

### OUT-OF-POCKET HEALTH CARE/INSURANCE

Health Insurance \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Disability Income Insurance \$ \_\_\_\_\_  
 Long-term Care Insurance \$ \_\_\_\_\_  
 Copayments/Coinsurance \$ \_\_\_\_\_  
 Prescription Medication \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_

**Health Care/Insurance \$ \_\_\_\_\_ 0**

### TRANSPORTATION

Auto Payment(s) \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Gas/Parking/Tolls \$ \_\_\_\_\_  
 Maintenance/License \$ \_\_\_\_\_  
 Public Transportation \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Transportation \$ \_\_\_\_\_ 0**

### PERSONAL LOANS

Student Loan Monthly Payment \$ \_\_\_\_\_  
 Other Debt \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Other

**Total Personal Loans \$ \_\_\_\_\_ 0**

### RAISING CHILDREN

Dependent Care/  
 Child Care \$ \_\_\_\_\_  
 Education/School \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Raising Children \$ \_\_\_\_\_ 0**

**FIXED EXPENSES TOTAL \$ \_\_\_\_\_ 0**

### MONTHLY AVERAGE CREDIT CARD EXPENSE

Average Monthly Credit Card Expense \$ \_\_\_\_\_

Calculate your 6-12 average by: taking your last 6-12 months of credit card statements, adding each monthly expense (purchases) and dividing by how ever many months you used.

## Monthly Surplus/Deficit

	MONTHLY NET INCOME (After tax/"bring home")	\$ _____ 0
-		
	TOTAL MONTHLY EXPENSES	\$ _____ 0
=	MONTHLY BALANCE	\$ _____ 0



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