

Community Credit Counseling Specialists
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MONTHLY BUDGET

Name: _____ Monthly Net Income1: \$ _____
 Spouse Name: _____ Spouse Monthly Net Income2: \$ _____
 Address: _____ Other Monthly Net Income: \$ _____
 City, State, Zip: _____ Total Monthly Net Income: \$ _____
 Home Phone: _____
 Work Phone: _____ Total Number in Household: _____
 Cell Phone: _____
 Email: _____

MONTHLY BUDGET DETAILS BY CATEGORY

	Current Amount	Suggested Amount	% of Net Income	Suggested % of Income
HOUSING	\$	\$		
First Mortgage	\$	\$		
2nd Mortgage	\$	\$		
Real Estate Taxes	\$	\$		
Home Insurance	\$	\$		
Home Maintenance/Repairs	\$	\$		
Rent	\$	\$		
Lot Rent	\$	\$		
Other	\$	\$		
TOTAL HOUSING	\$	\$		25-35%
UTILITIES	\$	\$		
Cable	\$	\$		
Cell Phone	\$	\$		
Electricity	\$	\$		
Gas	\$	\$		
Phone	\$	\$		
Internet	\$	\$		
Water	\$	\$		
Other	\$	\$		
TOTAL UTILITIES	\$	\$		5-10%
FOOD	\$	\$		
Dining Out	\$	\$		
Groceries	\$	\$		
Tobacco	\$	\$		
TOTAL FOOD	\$	\$		5-15%
AUTO	\$	\$		
Car Insurance	\$	\$		
Car Payment 1	\$	\$		

Car Payment 2	\$	\$		
Gas & Oil	\$	\$		
Tags	\$	\$		
Repairs/Tires	\$	\$		
TOTAL AUTO	\$	\$		10-15%
CLOTHING	\$	\$		
Adults	\$	\$		
Children	\$	\$		
Laundry/Dry Cleaning	\$	\$		
TOTAL CLOTHING	\$	\$		5-10%
MEDICAL/HEALTH	\$	\$		
Dentist	\$	\$		
Doctor Bills	\$	\$		
Health Insurance	\$	\$		
Medication	\$	\$		
Optometrist	\$	\$		
TOTAL MEDICAL/HEALTH	\$	\$		5-10%
PERSONAL	\$	\$		
Alimony	\$	\$		
Child Support	\$	\$		
Gifts-Personal	\$	\$		
Hair Care	\$	\$		
Life Insurance	\$	\$		
Dues	\$	\$		
School Fees	\$	\$		
Tithe	\$	\$		
Toiletries	\$	\$		
Subscriptions	\$	\$		
School Loans	\$	\$		
Loans (Installment, not credit cards)	\$	\$		
Miscellaneous	\$	\$		
TOTAL PERSONAL	\$	\$		5-10%
RECREATION	\$	\$		
Entertainment	\$	\$		
Vacation	\$	\$		
Lottery	\$	\$		
TOTAL RECREATION	\$	\$		5-10%
SAVINGS	\$	\$		
Savings Account	\$	\$		
TOTAL SAVINGS	\$	\$		5-10%
TOTAL OF ALL MONTHLY EXPENSES	\$	\$		100.00%

Form A20A-1
Last Revised: 10/16/09
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