

MONTHLY & ANNUAL BUDGET

Name: _____

Date Prepared: _____

Expenses	Monthly Amount	Yearly Amount
Basic Necessities		
Groceries & Personal Hygiene	0	0
Clothing (Personal -- Children's clothes below)	0	0
Prescription Drugs & Medical (not insured)	0	0
Dental Care (not insured)	0	0
Health Insurance Premiums	0	0
Grooming & Self-Care (hair, nails)	0	0
Dry-Cleaning	0	0
Other (Specify)	0	0
Sub-total	0	Sub-total 0

Housing		
Mortgage or Rent	0	0
Property Tax	0	0
Hydro, Gas, Water, Sewer & other Utilities	0	0
Internet & Cable	0	0
Phone & Cell Phone	0	0
Maintenance / Repairs	0	0
Home or Rental Insurance	0	0
Household Supplies	0	0
Other (Specify)	0	0
Sub-total	0	Sub-total 0

Transportation		
Car Loan Payment / Vehicle Lease	0	0
Auto Insurance & Registration	0	0
Fuel	0	0
Maintenance/ Repairs	0	0
Bus/ Taxi Fare	0	0
Other (Specify)	0	0
Sub-total	0	Sub-total 0

Children's Expenses		
Children's Clothing	0	0
Prescription Drugs (not insured)	0	0
Dental Care (not insured)	0	0
Health Insurance Premiums	0	0
Child Care Costs	0	0
Extra-Curricular Activities	0	0
Allowances / Spending Money / Lunch Money	0	0
Cell Phones / Ipads / Ipods	0	0
Other (Specify)	0	0
Other (Specify)	0	0
Sub-total	0	Sub- total 0

Other

Spending Money / Miscellaneous	<input type="text"/>	<input type="text" value="0"/>
Entertainment & Recreation	<input type="text"/>	<input type="text" value="0"/>
Life Insurance	<input type="text"/>	<input type="text" value="0"/>
Credit Card & Debt Payments	<input type="text"/>	<input type="text" value="0"/>
Vacation Reserve & Savings	<input type="text"/>	<input type="text" value="0"/>
RRSP Contributions	<input type="text"/>	<input type="text" value="0"/>
Legal Fees	<input type="text"/>	<input type="text" value="0"/>
Other (Specify)	<input type="text"/>	<input type="text" value="0"/>
Other (Specify)	<input type="text"/>	<input type="text" value="0"/>
Sub-total	0	Sub-total 0

Pets (if applicable)

Pet Food	<input type="text"/>	<input type="text" value="0"/>
Vet care	<input type="text"/>	<input type="text" value="0"/>
Pet Grooming	<input type="text"/>	<input type="text" value="0"/>
Other (Specify)	<input type="text"/>	<input type="text" value="0"/>
Sub-total	0	Sub-total 0

Support Being Paid Out

Child Support	<input type="text"/>	<input type="text" value="0"/>
Spousal Support	<input type="text"/>	<input type="text" value="0"/>
Sub-total	0	Sub-total 0

MONTHLY TOTAL 0

YEARLY TOTAL 0

NET MONTHLY INCOME

Employment Income (average net pay)	<input type="text"/>
Child Tax Benefits	<input type="text"/>
Other income	<input type="text"/>
TOTAL	0

INCOME LESS MONTHLY EXPENSES 0