

# HOUSEHOLD EXPENSE WORKSHEET



## 1. Living Expenses

	Monthly	Annual		Monthly	Annual
<b>Housing</b>			<b>Personal Care</b>		
Rent	\$ _____	\$ _____	Health Club/Trainer	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	Vitamins/Supplements	\$ _____	\$ _____
Water	\$ _____	\$ _____	Hair/Beauty	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	Other	\$ _____	\$ _____
Cable/Satellite/DSL	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Security System	\$ _____	\$ _____	<b>Gifts</b>		
House Cleaning	\$ _____	\$ _____	Holidays	\$ _____	\$ _____
Lawn Service	\$ _____	\$ _____	Birthdays	\$ _____	\$ _____
Garbage Pickup	\$ _____	\$ _____	Weddings	\$ _____	\$ _____
Furnishings	\$ _____	\$ _____	Other	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Community Dues	\$ _____	\$ _____	<b>Giving</b>		
Other	\$ _____	\$ _____	Charitable	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	Non-charitable	\$ _____	\$ _____
<b>Entertainment</b>			<b>Total</b>	\$ _____	\$ _____
Dining Out	\$ _____	\$ _____	<b>Vacation</b>		
Events	\$ _____	\$ _____	Airfare	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____	Hotels	\$ _____	\$ _____
Other	\$ _____	\$ _____	Food	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	Entertainment	\$ _____	\$ _____
<b>Medical Expenses</b>			Transportation	\$ _____	\$ _____
Co-pay	\$ _____	\$ _____	Other	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Prescribed Medication	\$ _____	\$ _____	<b>Clothing</b>		
Dental	\$ _____	\$ _____	Husband	\$ _____	\$ _____
Contacts/Eyeglasses	\$ _____	\$ _____	Wife	\$ _____	\$ _____
Other	\$ _____	\$ _____	Children	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
<b>Family</b>			<b>Pets</b>		
Food & Grocery	\$ _____	\$ _____	Food	\$ _____	\$ _____
Household Supplies	\$ _____	\$ _____	Veterinarian	\$ _____	\$ _____
Laundry & Dry Cleaning	\$ _____	\$ _____	Other	\$ _____	\$ _____
Child Care + Activities	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Education Expenses	\$ _____	\$ _____	<b>Alimony</b>		
Legal Expenses	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Other	\$ _____	\$ _____	<b>Miscellaneous</b>		
<b>Total</b>	\$ _____	\$ _____	Other	\$ _____	\$ _____
<b>Transportation</b>			Other	\$ _____	\$ _____
Car Loan/Lease	\$ _____	\$ _____	Other	\$ _____	\$ _____
Gas	\$ _____	\$ _____	<b>Total</b>	\$ _____	\$ _____
Parking	\$ _____	\$ _____	<b>Living Expenses Total:</b>	\$ _____	\$ _____
Maintenance & Repair	\$ _____	\$ _____			
Tags/Inspection	\$ _____	\$ _____			
Other	\$ _____	\$ _____			
<b>Total</b>	\$ _____	\$ _____			

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## 2. Debt Payments

	Monthly	Annual
Mortgage	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Debt Payments:</b>	\$ _____	\$ _____

## 3. Insurance Premiums

	Monthly	Annual
Individual Life	\$ _____	\$ _____
Spouse Individual Life	\$ _____	\$ _____
Group Life	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Health	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Long-term Care	\$ _____	\$ _____
Umbrella Policy	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Insurance Premiums:</b>	\$ _____	\$ _____

## 4. Savings

	Monthly	Annual
Retirement	\$ _____	\$ _____
Spouse Retirement	\$ _____	\$ _____
College	\$ _____	\$ _____
Brokerage	\$ _____	\$ _____
Other Goals & Dreams	\$ _____	\$ _____
<b>Total Savings:</b>	\$ _____	\$ _____

## 5. Taxes

	Monthly	Annual
Federal Income	\$ _____	\$ _____
State Income	\$ _____	\$ _____
Property	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Taxes:</b>	\$ _____	\$ _____

## 6. Household Income

	Monthly	Annual		Monthly	Annual
Primary Income	\$ _____	\$ _____	Spouse Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	Social Security	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	Pensions	\$ _____	\$ _____
			Rental Income	\$ _____	\$ _____
			Other	\$ _____	\$ _____
<b>Total Income:</b>	\$ _____	\$ _____			

## 7. Shortfall or Surplus

	Monthly	Annual
A. Total living expenses	\$ _____	\$ _____
B. Total debt payments	\$ _____	\$ _____
C. Total insurance premiums	\$ _____	\$ _____
D. Total savings	\$ _____	\$ _____
E. Total taxes	\$ _____	\$ _____
F. Total expenses <b>(A+B+C+D+E)</b>	\$ _____	\$ _____
G. Total income	\$ _____	\$ _____
If (F) is greater than (G), write shortfall here	\$ _____	\$ _____
If (G) is greater than (F), write surplus here	\$ _____	\$ _____