Starting a Family or Adding to a Family
Monthly Budget

Section A: People In Household

- Number of Adults: _____
- Number of Children: _____
- Income Sources (Check all that apply):

◯ Employment	◯ Benefits	◯ Child Support	◯ Other:

Section B: Monthly Income

- Number of people in the household that have an income:_____

Source	Monthly Amount
Primary Income	$_____
Secondary Income	$_____
Benefits/Assistance	$_____
Other	$_____
Total Monthly Income	$_____

Section C: Monthly Expenses

Expenses

Category	Amount
Rent/Mortgage	$_____
Utilities	$_____
Phone/Internet	$_____
Transportation (Gas & Repairs)	$_____
Insurance (Car & Home)	$_____
Childcare	$_____
Credit Cards	$_____
Emergency Savings	$_____
Total Expenses	- $_____

Section D: Variable Expenses

Category	Amount
Groceries	**$**_____
Household Items	**$**_____
Clothing	**$**_____
Medical	**$**_____
Personal	**$**_____
Total Variable	**- $**_____

Section E: Financial Health Check

- Monthly Income Minus Expenses: $_____
- Do you feel financially:

☐ Stable ☐ Tight ☐ Overwhelmed

Notes / Feedback / Any Changes Needed:

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