

Name:			

MONTHLY BUDGET WORKSHEET

Student ID #:

To create a monthly budget, you will need to record your expected monthly income and expenses. Please know that not all of the items listed on this worksheet will apply to you. If that is the case, simply ignore that line item or put \$0 as the monthly amount. It's important that your total monthly expenses do not exceed your total monthly income.

Income	Monthly Amount
Work	
Family support	
Expected Financial Aid Refund	
Other	
Other	
Total Income:	

Monthly Amount
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Expenses	Monthly Amount
Personal Care	
Toiletries	
Haircuts	
Gym membership	
Other	
Technology & Communications	
Internet	
Cellphone	
Cable	
Video streaming subscriptions	
Software programs and video games	
Tech accessories	
Other	
Entertainment/Hobbies/Relationships	
Movies	
Sporting events	
Concerts/performances	
Travel	
Gifts	
Pets	
Other	
Madical European	
Medical Expenses	
Doctor/dentist office visit copays	
Prescription drug costs or copays Uncovered expenses	
Over-the-counter medications	
Contact lenses or glasses	
Other	
Other	
Insurance	
Health insurance	
Homeowner's or renter's insurance	
Auto insurance	
Life insurance	
Disability insurance	
Savings Goals	
Emergency fund	
Other saving goals (car, computer, vacation)	
Retirement	
Charitable Contributions	
Donations	
Tithing	
Credit Cards, Student Loans, or Other Loans	
Monthly payment	
Other Funerace	
Other Expenses	
Total Expenses:	