Family Budget

Month _____ **Family** _____

Household income

Source	Monthly amount
Partner 1 take-home pay	
Partner 2 take-home pay	
Child support / benefits	
Other income	
Total income	

Family expenses

Category	Budget	Actual	Difference
Housing (rent / mortgage, HOA)			
Utilities			
Groceries and household supplies			
Childcare / daycare / after-school			
School costs (lunches, supplies, fees)			
Kids' activities and sports			
Diapers, formula and baby supplies			
Transportation			
Insurance (health, car, life)			
Medical, dental and prescriptions			
Debt payments			
Phone, internet and subscriptions			
Clothing and shoes			
Family fun and dining out			
Pets			
Sinking funds (birthdays, holidays, car)			
Savings and college fund			
Other			
Total expenses			

Total income _____

Total actual expenses _____

Left over

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FAMILY GOALS THIS YEAR