

# CAMBRIDGE

## CREDIT COUNSELING CORP

# Comprehensive Monthly Budget

Name: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

### GENERAL

Marital Status:		Number of Dependents	
Number of Exemptions Claimed		Secondary Level of Education Completed	
Primary Level of Education Completed			

### HOME

1st Mortgage	
All Other Mortgages	
1st Equity Loan	
All Other Equity Loans	
Rent	
Home Insurance	
Property Taxes	
Condo Fees	
Lot Rent	
Security System	
Lawn Care	
Other - Home	

### LIVING

Groceries	
Lunch/Snacks at work	
Restaurants/Take Out	
Clothing	
Laundry/Dry Cleaning	
Religious/Charity Donations	
Movies/Concerts/Sports Events	
Video Rentals/Services	
Pet Care	
Hobbies/Habits	
Hair Cuts/Beauty Shop	
Birthdays/Gifts	
Vacations	
Other-Living	

### UTILITIES

Electric	
Gas/Propane	
Oil	
Water/Sewer	
Garbage/Trash Removal	
Home Phone	
Cable/Satellite	
Internet	
Bundled Services	
Cell Phone	
Other - Utilities	

### CHILD CARE

Day Care	
Child Support	
Schooling/Tuition	
School Lunches	
Baby Sitting	
Activities	
Sports	
Allowances	
Other-Child Care	

### AUTO

1st Auto Loan	
All Other Auto Loans	
Auto Insurance	
Gas	
Maintenance	
Public Transport/Taxi	
Parking/Tolls	
Auto Inspection	
Registration Fees	
Excise Taxes	
Other - Auto	

### MEDICAL & INSURANCE

Health Insurance	
Life Insurance	
Other-Insurance	
Doctor Bills	
Dentist Bills	
Prescriptions	
Doctor Visits/Deductibles	
Other-Medical	

### INCOME

Primary Gross Income Monthly	
Primary Net Income Monthly	
Secondary (if married) Gross Monthly	
Secondary (if married) Net Monthly	
Any other Sources of Income	
Estimated Annual Tax Return	

### ASSETS

Home Equity	
Checking-Savings	
Money Market	
Other	
Other	