

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	