

Current Monthly Budget

Borrower(s) Name _____

Address _____

Date _____

A.

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
Rent	
Renters Insurance	
Gas & Electric	
Water & Sewer	
Tuition	
Fitness Club	
Lawn Service	
Cable TV	
Internet	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony/ Child Support	
Alarm System	
Other	
Sub-Total FIXED Expenses:	

B.

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Telephone	
Gifts	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Sub-Total OTHER Expenses:	

Total A+B+C	
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Borrower's Occupation _____

Borrower's Monthly Income _____

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$	\$

Co-borrower Yes No

Spouse or Partner's Occupation _____

Spouse or Partner's Income _____

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$	\$

Other Household Income Non-Borrower

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$	

Describe

Total Borrower(s) GMI \$ _____
31% of GMI \$ _____

Total Household GMI \$ _____
31% of Household GMI \$ _____

C. Credit Cards and Other Debt

<u>Creditor Name</u>	<u>Payment</u>	<u>Balance</u>
Total		

Total <u>NET</u> Monthly Household Income	
Subtract Total Monthly Expenses (A+B+C)	
Monthly Surplus or Deficit	