Use the table below to help you calculate a monthly budget!

*Monthly Income (after taxes)* $ _____

| House | Must Pay | Flexible |
|---|---|---|
| Mortgage Payment/ Rent | $ | |
| Utilities (PG&E, Water, Phone, Cable, etc) | | $ |
| Repairs | | $ |
| Other | $ | $ |
| **Automobile** | | |
| Monthly Payment | $ | |
| Maintenance | | $ |
| Gasoline | | $ |
| **Insurance** | | |
| Health | $ | |
| Life | $ | |
| Other | $ | |
| **Professional Services** | | |
| Doctor | $ | $ |
| Dentist | $ | $ |
| Lawyer | $ | $ |
| Other | $ | $ |
| **Food and Groceries** | | |
| Supermarket 1 | | $ |
| Supermarket 2 | | $ |
| Drug Store | | $ |
| Other | | $ |
| **Entertainment** | | |
| Movies | | $ |
| Restaurants | | $ |
| Other | | $ |
| Other | | $ |
| **Clothing** | | |
| New | | $ |
| Cleaning | | $ |
| Other | | $ |
| **Loans** | | |
| School Loan | $ | |
| Credit Card | $ | |
| Other | $ | |
| Other | $ | |
| **Savings** | | |
| 10 % of Monthly Income | | $ |
| Other | | $ |
| **Other Expenses** | | |
| Alimony | $ | $ |
| Child Support | $ | $ |
| School (lunch, field trips, materials) | $ | $ |
| Donations | $ | $ |
| | $ | $ |
| | $ | $ |
| | | |
| **TOTAL 'MUST PAY'** | **$** | |
| **TOTAL FLEXIBLE** | | **$** |

1. What are your total Must Pay expenses?
2. What are your Total Flexible Expenses?
3. Do your expenses amount to more than your monthly income?
4. What are some Flexible Expenses that you can change?