

MONTHLY HOUSEHOLD BUDGET



Client 1 - Name:

Client 2 - Name:

INCOME - SALARY/WAGES	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Client 1 - Name:			
Client 2 - Name:			
Other Person/s in household:			
INCOME SUB TOTAL			

OTHER INCOME	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Rent from Investment Property			
Child Allowance / Government Allowance			
Child Support			
Interest from Investments eg. Term Deposit			
Overtime			
Share Dividends			
Other Income:			
OTHER INCOME SUB TOTAL			
TOTAL INCOME			

EXPENSES - HOUSEHOLD	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Body Corporate			
Cable TV			
Child Support Expense			
Electricity			
Gas			
Home Insurance			
Internet			
Mortgage Repayments			
Phone and/or Mobile			
Rates			
Rent			
Water			
EXPENSES - HOUSEHOLD SUB TOTAL			

EXPENSES - LIVING COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Cigarettes			
Clothing			
Groceries			
Medical Bills - Doctors/Specialist			
Personal Care - Hairdresser, Facials etc			
Pet Food			
Private Health Cover			
EXPENSES - LIVING COSTS SUB TOTAL			

EXPENSES - ENTERTAINMENT	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Alcohol			
Camping / Weekend Getaways			
Eating Out - Restaurants, Cafes etc			
Gym / Personal Trainer			
Holidays - Flights, Accommodation etc			
Presents - All occasions			
Subscriptions - Sport Club, Sport Team			
EXPENSES - ENTERTAINMENT SUB TOTAL			

EXPENSES - OTHER FINANCIAL COMMITMENTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Credit Card/s			
Income Protection - Client 1:			
Income Protection - Client 2:			
Investment Property Loan			
Personal Loan			
Risk Insurance - Client 1:			
Risk Insurance - Client 2:			
Other:			
EXPENSES - OTHER FINANCIAL SUB TOTAL			

EXPENSES - TRANSPORT	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Car Insurance			
Petrol			
Services			
Registration			
Maintenance			
Public Transport - Bus, Train, Taxi			
EXPENSES - TRANSPORT SUB TOTAL			

TOTAL EXPENSES		
TOTAL INCOME - Minus		
TOTAL EXPENSES		
TOTAL LEFT OVER / SURPLUS		This is the amount left over after all the expenses

Client 1: Signature	Date:
Client 2: Signature	Date:



