



# 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:			
<b>INCOME SUB TOTAL</b>			

OTHER INCOME	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Rental from investment property No 1			
Child Allowance / Government Allowance			
Child Support			
Rental from investment property No 2			
Overtime			
Share Dividends			
Other Income:			
<b>OTHER INCOME SUB TOTAL</b>			
<b>TOTAL INCOME</b>			

HOUSEHOLD EXPENSES/LIVING COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Groceries: supermarket/meat/fruit & veg			
Cigarettes			
Pet Food			
Clothing/Footwear			
Personal care: haircut/facials/cosmetics			
Rates on home			
Water bills at home			
Electricity			
Gas			
Home & contents Insurance for Principle home			
Body Corp for Principle home			
Repairs and Maintenance for home			
Pool Services			
Gardening Services			
TV/Cable/Netflix/Music			
Phone/internet			
Doctors/ Specialists/Chiro and other medical			
Rent			
Taxi/uber			
Other			
<b>TOTAL</b>			

BORROWING COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Home Mortgage payments			
Investment loan payments - No 1			
Investment loan payments - No2			
Personal Loan			
Car Loan			
Help Debt			
Credit Card - no 1			
Credit Card - no 2			
Credit Card - no 3			
Other			
<b>TOTAL</b>			

CHILDREN COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Child Care expense			
School education private/public			
Books			
Uniforms			
School bus fees			
Tuckshop			
Tutoring Costs			
Excursions			
Sports			
Other School Fees			
<b>TOTAL</b>			

INSURANCE COSTS OTHER THAN FOR HOME	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Car insurance no 1 car			
Car insurance no 2 car			
Other car insurance/boat/bikecaravan/trailer/truck			
Pet Insurance			
Private Health Insurance - client 1			
Private Health Insurance - client 2			
Income Protection - client 1			
Income protection - client 2			
Life Insurance/TPD/Trauma - Client 1			
Life Insurance/TPD/Trauma - Client 2			
Other			
<b>TOTAL</b>			

MOTOR VEHICLE/BOAT/BIKE COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Petrol costs			
Rego costs			
Parking Costs			
Servicing & Maintenance Costs			
Other			
<b>TOTAL</b>			

INVESTMENTS PROPERTIES	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Rates			
Insurance			
Body Corp			
Water			
Repairs and Maintenance on properties			
Agents Costs			
<b>TOTAL</b>			

DISCRETIONARY COSTS	WEEKLY AMOUNT	MONTHLY AMOUNT	COMMENTS / NOTES
Eating Out			
Alcohol			
Lunches			
Take away			
Movies			
Gifts: Bday/Weddings/Christmas/Other			
Gym Membership			
Holidays			
Weekends away			
Flights/Accommodation etc			
Sporting memberships/ clubs and team			
Boating			
Hobbies			
Donations			
Other			
<b>TOTAL</b>			

TOTAL EXPENSES			
TOTAL INCOME - Minus			
TOTAL EXPENSES			
<b>TOTAL</b>			

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