

**MONTHLY BUDGET OUT OF POCKET EXPENSES**

Please list what you actually spend for the following expenses that apply. If you are living with another person or sharing expenses, just list **what you actually pay out of pocket**. List what you actually pay regardless of who is responsible for the expense.

- Mortgage/Rent..... \_\_\_\_\_
- Real Estate Tax if not in escrow..... \_\_\_\_\_
- Real Property Maintenance..... \_\_\_\_\_
- Association OR Condo Fees..... \_\_\_\_\_
- 2<sup>nd</sup> Mortgage..... \_\_\_\_\_
- Electricity/Gas..... \_\_\_\_\_
- Water/Sewer..... \_\_\_\_\_
- Cell Phone..... \_\_\_\_\_
- Cable & Internet..... \_\_\_\_\_
- Trash..... \_\_\_\_\_
- Propane/Fuel Oil Monthly Average..... \_\_\_\_\_
- Food & Housekeeping ..... \_\_\_\_\_
- Childcare/Daycare..... \_\_\_\_\_
- Clothing..... \_\_\_\_\_
- Personal Care/Hair care..... \_\_\_\_\_
- Laundry/Uniforms..... \_\_\_\_\_
- Medical Unremibursed Pharmaceutical..... \_\_\_\_\_
- Unreimbursed Office Copay..... \_\_\_\_\_
- Gasoline..... \_\_\_\_\_
- Recreation..... \_\_\_\_\_
- Charities/Tithes to \_\_\_\_\_ Amount \_\_\_\_\_
- Tax NOT DEDUCTED FROM PAY – local... \_\_\_\_\_

**Insurance: NOT DEDUCTED FROM PAY**

- Renters..... \_\_\_\_\_
- Life..... \_\_\_\_\_
- Health/ Medicare Suppl Plans..... \_\_\_\_\_
- Auto..... \_\_\_\_\_

- Auto/Truck Purchase or Lease Payment..... \_\_\_\_\_ Make/Year
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- Motorcycle/4 wheeler/Jet Ski/Boat/Rv..... \_\_\_\_\_
- Auto Repairs/Maintenance ..... \_\_\_\_\_

- School Lunches..... \_\_\_\_\_
- Work Lunches..... \_\_\_\_\_
- Travel for Work/Road Expenses..... \_\_\_\_\_
- Children’s Activities/sports/hobbies..... \_\_\_\_\_
- Storage Unit..... \_\_\_\_\_
- Pets – Cat Dog..... \_\_\_\_\_
- Cigarettes/ Tobacco..... \_\_\_\_\_
- Student Loan Payments..... \_\_\_\_\_
- Tax Payments/ IRS/Ohio/Local..... \_\_\_\_\_
- Private School Tuition..... \_\_\_\_\_
- Subscriptions/ YMCA, Netflix, Amazon..... \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_