

Household Audit Worksheet (Page 1 of 2)

Monthly Net Income

1. Monthly net household wages **after** tax withholding & other deductions \$ _____
2. Public Assistance / Food Stamps \$ _____
3. Unemployment / Disability \$ _____
4. Child Support / Alimony \$ _____
5. Social Security / Retirement Benefits \$ _____
6. Other income \$ _____
- 7. Total Monthly Net Household Income** (add lines 1 through 6) **\$ _____**

Periodic Expenses

These are expenses that only come up once or twice per year.

8. Taxes (excludes those already withheld from your paycheck) \$ _____
9. Insurance Premiums (e.g., homeowners, auto, health, life, etc) \$ _____
10. Auto Maintenance \$ _____
11. Tires \$ _____
12. License Fees \$ _____
13. Educational Expenses \$ _____
14. Other \$ _____
- 15. Subtotal Periodic Expenses** (add lines 8 through 14) **\$ _____**
- 16. Total Monthly Periodic Expenses** (divide line 15 by 12) **\$ _____**

Compare Income and Expenses

17. Monthly net household income (enter amount from line 7) \$ _____

Estimated Monthly Expenses:

18. Needs (enter total monthly **“Need”** expenses from page 2) \$ _____
19. Wants (enter total monthly **“Want”** expenses from page 2) \$ _____
20. Periodic (enter amount from line 16) \$ _____
- 21. Total Monthly Expenses** (add lines 18 through 20) **\$ _____**
- 22. Monthly Household Balance** (subtract line 21 from line 17) **\$ _____**

If your monthly household balance (line 22) is negative, then you will need to reduce monthly spending by a like amount. Use can use the “Final Budget” column to readjust your numbers. If your balance is positive, then congratulations! You have household discretionary funds to allocate.

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Estimate your monthly expenses here. Determine whether the expense category is necessary or discretionary (i.e., a need or a want) and place the monthly expense total under the appropriate category. Then total the entries for the respective categories. After you determine your monthly household balance (on Page 1), you can use the "Final Budget" column to make adjustments for each expense entry and establish your household budget.

Expense	Need	Want	Final Budget
Rent or Mortgage	\$	\$	\$
Insurance/Taxes not listed in periodic expenses	\$	\$	\$
Phones	\$	\$	\$
Electricity	\$	\$	\$
Natural Gas	\$	\$	\$
Trash Collection	\$	\$	\$
Sewer	\$	\$	\$
Water	\$	\$	\$
Cable or Satellite Connections	\$	\$	\$
Heating Oil	\$	\$	\$
Other Utilities	\$	\$	\$
Credit Card Payments	\$	\$	\$
Auto Loan	\$	\$	\$
Auto Insurance (if not listed in periodic expenses)	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Life Insurance (if not listed in periodic expenses)	\$	\$	\$
Groceries	\$	\$	\$
Restaurants	\$	\$	\$
Household Repairs	\$	\$	\$
Clothing	\$	\$	\$
Furnishings / Appliances	\$	\$	\$
Household Maintenance / Upkeep	\$	\$	\$
Gasoline	\$	\$	\$
Car Washes	\$	\$	\$
Other Transportation	\$	\$	\$
Personal / Medical Care	\$	\$	\$
Reading / Newspapers / Education	\$	\$	\$
Entertainment / Travel Expenses	\$	\$	\$
Child / Elder Care	\$	\$	\$
Charity / Gifts / Special Expenses	\$	\$	\$
Savings	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total Monthly Estimated Expenses	\$	\$	\$