

Monthly Budget Worksheet

Before our next appointment, please complete this worksheet. Once we have this information we can further understand where you are now and help guide you to where you want to be in the future.

Name: _____ Date: _____

Monthly Gross Income				Total Income \$	
Income Source					
Income Amount	\$	\$	\$	\$	\$

Monthly Expenses				Total Expenses \$	
Regular Investing	Investment Type				
	Payment	\$	\$	\$	\$
Taxes	Income Taxes Paid	\$		CPP / OAS Pension	\$
Housing	Mortgage / Rent Payment	\$		Maintenance	\$
	Homeowner's Insurance	\$		Homeowner Fees / Condo Fees	\$
	Property Taxes	\$		Furnishings	\$
Utilities	Water	\$		Cell Phone / Landline Telephone	\$
	Electricity	\$		Internet	\$
	Gas	\$		Satellite/ Cable TV	\$
	Sewer	\$			\$
Other Necessities	Food / Groceries	\$		Medical / Dental Vision	\$
	Child Care	\$		Education	\$
Insurance Premiums	Life Insurance	\$		Health Insurance	\$
	Disability Insurance	\$		Long-term Care Insurance	\$
	Auto Insurance	\$			\$
Transportation / Auto	Auto Loans / Leases	\$		Fuel	\$
	Tolls / Bus / Taxi	\$		Parking	\$
	Auto Service	\$		Insurance / Licenses	\$
Miscellaneous	Charitable Contributions	\$		Vacation / Travel	\$
	Movies / Entertainment	\$		Alimony / Child Support	\$
	Online Subscriptions	\$		Legal	\$
	Clothing	\$		Newspaper / Magazines	\$
	Gifts	\$		Dry Cleaners	\$
	Lessons / Sports / Fitness	\$		Housekeeping	\$
	Dining Out	\$		Other	\$
Loans	Loan Type				
	Payment	\$	\$	\$	\$

Monthly Discretionary Income (Shortfall) (Monthly Gross Income - Monthly Expenses)	Total \$

