

BUDGET PLANNER

Month: _____

Homeowner Name(s) (Printed): _____

| Monthly Gross Income | Budgeted | Actual |
|-----------------------------|-----------------|---------------|
| Wages-one income | \$ | \$ |
| Wages-second income | \$ | \$ |
| Social Security | \$ | \$ |
| Social Security | \$ | \$ |
| Disability | \$ | \$ |
| Child Support | \$ | \$ |
| Workmans Comp | \$ | \$ |
| Other: | \$ | \$ |
| Total Gross Income | \$ | \$ |

| Deductions from Income | | |
|----------------------------------------|-----------|-----------|
| Federal Withholding Tax-one income | \$ | \$ |
| Social Security Tax-one income | \$ | \$ |
| Medicare Tax-one income | \$ | \$ |
| Michigan Withholding Tax-one income | \$ | \$ |
| Federal Withholding Tax-second income | \$ | \$ |
| Social Security Tax-second income | \$ | \$ |
| Medicare Tax-second income | \$ | \$ |
| Michigan Withholding Tax-second income | \$ | \$ |
| Other: | \$ | \$ |
| Total Deductions from Income | \$ | \$ |

| | | |
|-------------------|-----------|-----------|
| Net Income | \$ | \$ |
|-------------------|-----------|-----------|

| Fixed Expenses | | |
|------------------------------------------|-----------|-----------|
| Mortgage | \$ | \$ |
| Second Mortgage | \$ | \$ |
| Insurance: Home Owners | \$ | \$ |
| Property Taxes | \$ | \$ |
| Auto Loan #1 | \$ | \$ |
| Auto Loan #2 | \$ | \$ |
| Auto Insurance | \$ | \$ |
| Appliance, TV, Furniture rental or loans | \$ | \$ |
| Personal Loans | \$ | \$ |
| Credit Card | \$ | \$ |
| Credit Card | \$ | \$ |
| Credit Card | \$ | \$ |
| Credit Card | \$ | \$ |
| Student Loan | \$ | \$ |
| Child Support | \$ | \$ |
| Child Care | \$ | \$ |
| Savings | \$ | \$ |
| Total Fixed Expenses | \$ | \$ |

Signature and Date

Loan Number

Signature and Date

Property Address

Controllable Expenses

| | | |
|-------------------------------------------|-----------|-----------|
| Food | \$ | \$ |
| Toiletries, cleaning supplies, laundry | \$ | \$ |
| Auto Fuel | \$ | \$ |
| Auto Repairs | \$ | \$ |
| Electric | \$ | \$ |
| Gas | \$ | \$ |
| Water | \$ | \$ |
| Telephone | \$ | \$ |
| Cell Phone | \$ | \$ |
| Cable/Satellite | \$ | \$ |
| Internet | \$ | \$ |
| Garbage | \$ | \$ |
| Medical, dental, prescriptions, co-pays | \$ | \$ |
| Clothes | \$ | \$ |
| Hair care, nails, etc | \$ | \$ |
| Dining Out | \$ | \$ |
| Hot lunches-school | \$ | \$ |
| Hobbies, School activities | \$ | \$ |
| Alcohol | \$ | \$ |
| Tobacco, cigarettes | \$ | \$ |
| Subscriptions: newspapers, magazines | \$ | \$ |
| Dues: union, clubs | \$ | \$ |
| Education: tuition, fees, books, supplies | \$ | \$ |
| Religious contributions: Charity | \$ | \$ |
| Birthdays | \$ | \$ |
| Christmas | \$ | \$ |
| Pet Expenses | \$ | \$ |
| Other Expenses | \$ | \$ |
| Total Controllable Expenses | \$ | \$ |

| | |
|----------------------------|--------------|
| Net Income | _____ |
| Less Fixed Expenses | _____ |
| Less Controllable Expenses | _____ |
| Total | _____ |

Signature and Date

Loan Number

Signature and Date

Property Address